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April 12, 2018

KENDALL T SHERMAN 450-106 SR 13 #438 ST JOHNS, FL 32259

SUBJECT: CORE 4 VENTURES, LLC

Ref. Number: W18000034677

We have received your document for CORE 4 VENTURES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 318A00007452

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CORE 4 VENTURES, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
KENDALL T. S'HERMAN Name of Person
Name of Person
CORE 4 VENTURES, LLC Firm/Company
Firm/Company
450-106 SR 13 #138
Address
ST JOHNS, FL. 32259
City/State and Zip Code
SHERM 4323 & GMAIL - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KENDALL SHERMAN at (904) 466-2558 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Division of Corporations Registration Section Registration Section Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\int \frac{1}{2} \\$125.00 \text{ Filing Fee} \preceq \\$130.00 \text{ Filing Fee} \preceq \preceq \text{\$155.00 \text{ Filing Fee} \preceq \preceq \preceq \text{\$160.00 \text{ Filing Fee}, Certificate of Status} \text{Certified Copy} \text{of Status Certified Copy}

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SPCTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS INTUE STATE OF FLORIDA: CORE 4 VENTURES, LLC
(Name of Foreign Limited Liability Company, ""LLC." or "LLC.") (If nome unavailable, enter alternate rame adopted for the purpose of transacting business in Florida. The alternate regne must include "Limited Liability Company," "L.L.C." or "LLC.") ST JOHNS FL 322 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 450-106 SR 13 #438 TOUNS, 12 32259 Florida 322. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. X Kundull Shilves (Registered agers's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: MEMBER (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. X Musclell Sheres
Squatture of an authorized person

KENDALL T. SHERMAN

Typed or printed name of source

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CORE 4 VENTURES, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SIXTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORE 4 VENTURES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at corp delaware gov/auti

Authentication: 202519256

Date: 04-16-18

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