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### **COVER LETTER**

TO:

**Registration Section** 

Divisior	of Corporation	S					
DM SUBJECT:	ICH Investments	,					
			Limited Liability	Company	· · · · · · · · · · · · · · · · · · ·	-	
The enclosed "A <sub>l</sub> Existence, and ch	oplication by For eck are submitted	eign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ited liability	ansact Business in Florida, y company to transact busi	" Certifica ness in Fl	ate of orida.
Please return all	correspondence c	oncerning this matter to the	following:				
	Dennis Hand						
		N	ame of Person			- . 3 . 3	
	DMCH Investm	nents, LLC				; ;	٠.
		F	rm/Company			1	
	11820 Uradco F	PI #105				ر۔ (	: *
			Address	-		- 19	
	San Antonio, Fi	orida 33576				91 21	
		City/S	tate and Zip Code	<del> </del>		-	
•	dennis-hpm@har	id-email.com					
-		E-mail address: (to be used	for future annua	report not	lification)	-	
For further inform	nation concerning	this matter, please call:					
Dennis	Hand		813	503-24	53		
	Name o	f Contact Person	_ at ( Area Code	) Day	time Telephone Number	-	
Division Registra P.O. Bo	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle see, FL 32301		
Enclosed is a che	ck for the followi 00 Filing Fee	ng amount:  S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filii Certified Copy		☐ \$160.00 Filing Fee, Cof Status & Certified Co		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternat Wyoming, USA	e name adopted	for the purpose of transacting b	business in Florida T	The alternate nar 82-23		bility Company,	," "L.L.C," o	r "LLC.")
(Jurisdiction under the law of	which foreign l	limited liability company is orga	anızed)	3	(FEI num)	per, if applicable	<del>c</del> )	
As soon as you appro	-	-						
	(Date (See se	first transacted business in Flori ections 605 0904 & 605,0905, I	ida, if pnor to registr F.S. to determine per	ration.) naity liability)		<del></del>		
(Street Address of	- CO	-		6. Same				
Suite 105	oi Principal Otti	ce)			(Mailing Add	ress)		
San Antonio, FL 335	76					<del>-</del>	_	
<b>N</b>	271							
Name and street addr		ida registered agent:	(P.O. Box <u>NC</u>	<u>)T</u> acceptal	ole)		,	
Name:	———	M. Hand					:	• '.
Office Address	: 11820	Uradco Place Ste 105						•
	San Ar	ntonio, FL			, Florida 33576		ر د	;
		(Cit	ıy)		(Zip cod	c)	J	,}
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Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, KAREN L. WHEELER, ACTING SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### **DMCH Investments LLC**

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 1**, **2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000763386**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of March, 2018 at 5:10 PM. This certificate is assigned 025726423.

Acting Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.