MR000005017

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

JUS 6.25-18

COVER LETTER

TO:

Registration Section

| Division of Corporation | 1\$ | | |
|--|---|--|--|
| SUBJECT: BAE HOL | DINGS, LLC | ; | |
| | | Limited Liability Company | |
| The enclosed "Application by For Existence, and check are submitte | reign Limited Liability Comp d to register the above refer | pany for Authorization to Trenced foreign limited liabilit | ansact Business in Florida," Certificate of y company to transact business in Florida. |
| Please return all correspondence of | concerning this matter to the | following: | |
| Elvin S | ilvestry | | |
| | N | ame of Person | |
| BAE H | OLDINGS, L | LC | |
| | F | irm/Company | |
| 15609 | SW 98 Terra | ce | |
| | - 10- | Address | |
| Miami, | FL 33196 | | |
| | City/S | tate and Zip Code | |
| mylano | @aol.com | | |
| | E-mail address: (to be use | d for future annual report no | tification) |
| For further information concerning | g this matter, please call: | | |
| Elvin Silves | stry | 305 322 | 2-0680 |
| Name o | of Contact Person | Area Code Da | ytime Telephone Number |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Division Registra Clifton F 2661 Ex | T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301 |
| Enclosed is a check for the follow \$125.00 Filing Fee | ving amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

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 and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Elvin Silvestry Surganized 3. | — — — |
|--|--------------|
| (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 15609 SW 98 Terrace (Street Address of Principal Office) Miami, FL 33196 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | |
| (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 15609 SW 98 Terrace (Street Address of Principal Office) Miami, FL 33196 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | |
| (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 15609 SW 98 Terrace (Street Address of Principal Office) Miami, FL 33196 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | |
| (Street Address of Principal Office) Miami, FL 33196 Miami, FL 33196 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | <u> </u> |
| Miami, FL 33196 Miami, FL 33196 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | |
| Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) | |
| Elvin Silvestry | |
| Elvin Silvestry | |
| Name: Flyin Silvestry | _ |
| Name. | 多,(文 |
| Office Address: 11400 North Kendall Dr. Suite 207 | HAY 24 |
| Miami , Florida 33176 | Ĭ |
| (City) (Zip code) | ⊋ |
| | |
| | |
| (Registered agent's signature) | |
| | ress: |
| Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Name and Address: | ress: |
| The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Mame and Address: Title or Capacity: Name and Address: Elvin Silvestry 11400 North Kendall Dr. Suite 207 | ress: |
| The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Mame and Address: Title or Capacity: Mame and Address: Elvin Silvestry | ress: |
| Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and N | ress: |
| Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and A | ress: |

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BAE HOLDINGS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 18, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 17, 2018.

Bollars K. Cagassee

Barbara K. Cegavske Secretary of State

Electronic Certificate Certificate Number: C20180517-2099