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COVER LETTER

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TO:	Registration Section Division of Corporatio	ns				
SUBJE	Seven Owl Creek,	LLC				
		Name of I	Limited Liability (Company		
		reign Limited Liability Comp ed to register the above refere				
Please	return all correspondence	concerning this matter to the	following:			
	Jacob Jaffke					
		Ni	ime of Person			
	Seven Owl Cr	eek, LLC				
		Fi	rm/Company			
	120 Tustin Ave	e, Ste C1052				
	· · · · · · · · · · · · · · · · · · ·		Address			
	Newport Beac	h, CA 92663				
		City/S	tate and Zip Code			
	jacobj1301@gm	nait.com				
	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	l for future annual	report not	ification)	
For fur	ther information concernit	ng this matter, please call:				
	Jacob Jaffke		864 _ at (934-61-	40	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding recutive Center Circle iee, FL 32301	
Enclose	ed is a check for the follow ☐ \$125.00 Filing Fee	ving amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee. Ce of Status & Certified Cop	

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

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

(If any envellable, one alienness one adopted for the purpose of framacting business in Planch. The alternate name must include: "Landted labeling Company." "L.L.C." or "LL.C."	2. Wycoming (disention and the law of which foreign turned hability company a organized) 4. 05/15/18 (Disentification and the law of which foreign turned hability company a organized) (Disentification and the law of which foreign turned hability company a organized) (Disentification and the law of which it is organized. (P.O. Box NOT acceptable) 5. 5/30 E 2nd St Ste 8 (Some Address of Phoripid Office) Casper, WY 82609 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jacob Jaffike Name: Jacob Jaffike Office Address: Hailandalo Beach (Cin.) (Cin.) (Cin.) (Cin.) (Cin.) (Registered agent's acceptance: Hailandalo Beach (Cin.) (Cin.) (Cin.) (Registered agent and to accept service of process for the above stated limited liability company at the plant designated in this application. I hereby accept the appointment as registered agent and upree to act in this capacity. I further age to comply with the provisions of all statutes relative to the proper and complete performance of my duttes, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's to enabling a statutes relative to the proper and complete performance of my duttes, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's to enabling a statutes relative to the proper and complete performance of my duttes, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent and upree to acci in this capacity. I further age to comply with the provisions of all statutes relative to the proper and complete performance of my duttes, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent as a certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in the pursuitation under the law of which it is organized. (If the certificate is in a foreign language, a translation of t	(If name unavailable, enter alternate o	name adopted for the nursuse of transacting business	n Florida The s	Normate name reset include	"I instruct I intel	lity Comment Tall I C Tor "	
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Signer Address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jacob Jaffke Office Address: 2602 E Hallandale Beach Blvd, Unit 3009A Hallandale Beach Blvd, Unit 3009A Hallandale Beach Blvd, Unit 3009A Florida Jagob Jaffke 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 age 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. (Response 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 age 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. (Response 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 age 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. (Response for the above stated limited liability company at the place designed in the place of the capacity: Managing Member Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the purisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under out 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	(See sections 695,0904 & 695,0905, F.S. to determine penalty biability) 5. \$\frac{5830 \text{ Easter Address of Principal Office}}{\text{Casper, WY 82609}} \frac{6}{\text{Casper, WY 82609}} \frac{6}{\text{Naming Address}} \frac{120 \text{ Tustin Ave, Ste C1052}}{\text{Newport Beach, CA 92663}} \frac{7}{\text{Naming Address}} \frac{7}{Naming	4	(Date first transacted business in Florida, if on	or to registration	.)			
Casper, WY 82609 Newport Beach, CA 92663 To Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jacob Jaffke Office Address: Hallandale Beach Hallandale Beach Florida Separated agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited flability 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 age 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. (Regarded gent) Registered agent and address: Title or Capacity: Name and Address: Year and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Nam	Casper, WY 82609 Name: Jacob Jaffke Office Address: 2602 E Hallandale Beach Blvd, Unit 3009A Hallandale Beach Blvd, Unit 3009A Hallandale Beach Blvd, Unit 3009A Florida 33009 Registered agent's acceptance: (Cop) Registered agent's acceptance: (Cop) 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 age 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. (Registered agent Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Jacob Jaffke 120 Tustin Ave, Sto C1062 Newport Beach, CA 92663 (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 purisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under out 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 Nate constitutes guthird degree felony as provided for in s.817.155. F.S.	50201123164640	(See sections 605,0904 & 605 0905, F.S. to de	termine penalty	hability)	. /11050		
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	Signatur of an authorized person	Title or Capacity: Managing Member (Use attachments if necess). Attached is a certificate surisdiction under the law	Jacob Jaffke 120 Tustin Ave, Ste C1052 Newport Beach, CA 92663 ssary) r of existence, no more than 90 days of which it is organized. (If the certif	o has/have Ti	the or Capacity:	– – official hav	ring custody of recor	ds in the
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STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

SEVEN OWL CREEK, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 9, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000783729**.

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 June, 2018 at 10:48 AM. This certificate is assigned 026686933.

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.