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#### COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	FLESCHLER GROUP LLC		
		Limited Liability Company	_
Existen	closed "Application by Foreign Limited Liability Comp ce, and check are submitted to register the above refere	meed foreign limited liability company to transact bus	," Certificate of iness in Florid
Please	return all correspondence concerning this matter to the	following:	
	Stephen Fleschler		
	Na	me of Person	_
	Fleschler Group LLC		
	Fir	m/Company	-
	19901 Lassen Street		29
		Address	۔ نیز
	Chatsworth, California 91311		2:
	City/Sta	ate and Zip Code	- >
	Fleschler@aol.com		à <u>.</u> , .
	E-mail address: (to be used	for future annual report notification)	- 134 135
For furti	ner information concerning this matter, please call:		
	Stephen Fleschier	818 404-3278	
	Name of Contact Person	Area Code Daytime Telephone Number	-
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed	is a check for the following amount:    \$125.00 Filing Fee   \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, C Certified Copy of Status & Certified Cop	

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

FLESCHLER GROUP LLC  (Name of Foreign Limited Liability Company; costs include "Limited Liability Company," "LLC," or "LLC," o	(Name of Porcigo			
Desire the terror of the set of which foreign featured liability company is organized.   Desire the terror of the set of which foreign features in Portic, if price to representation.		Limited Liability Company, exist metude "Limit	od Liability Company," "L.L.C.," or "L	(C)
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(Dam Not treated being brained backers of the control of the process of the control of the contr		one adopted for the purpose of transacting business in Pi		ed Liebility Company," "L.L.C," cr "LLC.")
Ches for treatered backers in Perch, if price to representable;  19901 Lassen Street  6. 19901 Lassen Street  7. 19901 Lassen	alifornia			
19901 Lassen Street  Over Address of Florida registered agent: (P.O. Box NOT acceptable)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Lewis Miller  Office Address: 12755 SW 16th Court #209  Pembroke Pines , Florida 33027  (Cov) , Flo	(Jurisdiction under the law of or	hich Decign Erainst Hallisty surrounty is organizated)	U-E	( magani, d magazana)
19901 Lassen Street  Over Address of Freeign Office)  Chatsworth, California 91311  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Lewis Miller  Office Address:  12755 SW 16th Court #209  Pembroke Pines  (Cov)  Peterred agent's acceptance:  (Cov)  Peterred agent acceptance:  (Cov)  Peterred agent and to accept survice of process for the above stated limited flability company at the place gasted in this applications, I hardy accept the applications is a registered agent and to accept survice of process for the above stated limited flability company at the place gasted in this application, I hardy accept the applications is a registered agent and agrees on act in this capacity. I further agently with the provisions of all statedys relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of any position as registered agent.  The name, title or capacity and address of the person(s) who has/bave authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  19901 Lassen Street  Chalsworth, California 9131  One attachments if necessary)  Attached is a certificate of existence, no more than 90 days old, duly authemicated by the official having custudy of records in the diction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under out on the continued)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information				
Chalsworth, California 91311  Chalsworth, California 91311  Chalsworth, California 91311  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Lewis Miler  Office Address: 12755 SW 16th Court #209  Pembroke Pines , Florida 33027  (Cor)  Settered agent acceptance:  Sing been named as registered agent and to accept acrets of process for the above stated limited Rability company at the plantage as the application, it hereby accept the application, it hereby accept the application, it hereby accept the applications of all states are registered agent and agrees to act in this capacity. If further accept the obligations of all states are registered agent.  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		(Dani first transacted business in Florids, if prior to (See sections 605.0906 & 605.0905, F.S. to detect	nies provity liability)	•
Chatsworth, California 91311  Chatsworth, California 91311  Chatsworth, California 91311  Name and street sidness of Florida registered agent: (P.O. Box NOT acceptable)  Name: Lewis Milier  Office Address: 12755 SW 16th Court #209  Permbroke Pines Florida 33027  (Cip code)  Permbroke Pines Florida agent and several agent and agent in act in this capacity. I further agentably with the provisions of all stretchis relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my pertiple as registered opens.  The name, title or capacity and address of the person(s) who has/bave authority to manage is/are:  Title or Capacity: Name and Address:  The name, title or capacity and address of the person(s) who has/bave authority to manage is/are:  Title or Capacity: Name and Address:  Title or Capacity: Name and Address:  Title or Capacity: Name and Address:  The name, title or capacity and address of the person(s) who has/bave authority to manage is/are:  Title or Capacity: Name and Address:  The name, title or capacity and address of the person(s) who has/bave authority to manage is/are:  Title or Capacity: Name and Address:  The name, title or capacity and address of the person and complete performance of my duties, and I am familiar with acceptable as registered opens.  Capacity: Name and Address:  This process of the person of the per	19901 Lassen Street	1	6. 19901 Lassen Street	L
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Lewis Milier  Office Address: 12755 SW 16th Court #209  Permbroke Pines , Florida 33027  (Locate)  Permbroke Pines , Florida 33027  (Locate)  Permbroke Pines , Florida 33027  (Locate)  (Locate)  Permbroke Pines , Florida 33027  (Locate)  (Locate)  Permbroke Pines , Florida 33027  (Locate)			·	· • • • • • • • • • • • • • • • • • • •
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Name: Lewis Miller  Office Address: 12755 SW 16th Court #209  Permbroke Pines , Florida 33027  (Cry)  Detected agent's acceptance: (Cry)  (Cry			<del> </del>	<=
Name: Lewis Miller  Office Address: 12755 SW 16th Court #209  Permbroke Pines , Florida 33027  (Cry)  Detected agent's acceptance: (Cry)  (Cry			3.000	· <u></u>
Office Address:  12755 SW 16th Court #209  Pembroke Pines , Florida 33027  (Cry)  Settered agent's acceptance:  Integrated in this application, I hereby accept the appointment as registered agent and agree to not in this capacity. I further agonably with the provisions of all statutia relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my partitles as registered agent.  The name, title or capacity and address of the person(s) who has/bave authority to manage is/are:  Name and Address:  Title or Capacity: Name and Address of the person(s) who has/bave authority to manage is/are:  Name and Address:  The pr Capacity: Name and Address:  Name and Address	Name and <u>street addres</u>		x WAT scoeptroje)	$\sim$
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plettered segent's acceptance:  ring been named as registered agent and to accept service of process for the above stated limited Hability company at the place ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agonyby with the provisions of all statuting relative to the proper and complete performance of my dades, and I am familiar with accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/bave authority to manage is/are:  Title or Capacity:  Name and Address:  Manager  Stephen Fleschier  18501 Lassen Street  Chatsworth, California 9131  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the addition under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under out as translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	Office Address:		<del></del>	
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Signature of an authorized pressure	The name, title or capa Title or Capacity: Manager  Manager  se attachments if necess Attached is a certificate adiction under the law the translator must be at This document is execu-	sary)  of existence, no more than 90 days old, of which it is organized. (If the certifical abraitted)  uted in accordance with section 605.020	Manager  Aduly authenticated by the officite is in a foreign language, a trail	Phydis Fleschler 1990 Lassen Street Chatsworth, Calfornia 913 al having custody of records in the asiation of the certificate under oath

## State of California

## Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: FLESCHLER GROUP, LLC

FILE NUMBER: FORMATION DATE:

201630310132 10/24/2016

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 20, 2018.

ALEX PADILLA Secretary of State