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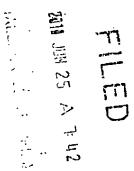
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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June 13, 2018

MITCHELL SLATER 774 SW SAIL TER PORT ST LUCIE, FL 34953

SUBJECT: SLATER STRATEGIES LLC

Ref. Number: W18000055075

We have received your document for SLATER STRATEGIES LLC and your check(s) totaling \$160.00. 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 your document, along with 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.

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00012305

RECEIVED

COVER LETTER

TO: Registration Section

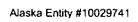
| Division of Corporatio | ns | | | | | |
|--|--|---------------------------------|--|---|--------------|-------|
| Slater Strategies LL SUBJECT: | | | | | | |
| SUBJECT: | Name of | Limited Liability (| Company | | | |
| The enclosed "Application by Fo Existence, and check are submitted." | | | | | | |
| Please return all correspondence | concerning this matter to the | following: | | | | |
| Mitchell Slater | | | | | | |
| | N | ame of Person | | | | |
| Slater Strategie | es LLC | | | | | |
| | F | rn/Company | | | - | |
| 774 SW Sail T | er. | | | | | |
| | | Address | | 1100 | | |
| Port St. Lucie. | FL 34953 | | | | | |
| | City/S | tate and Zip Code | | | | |
| mitchell@slaters | strategies.com | | | | | |
| | E-mail address: (to be use | d for future annual | report noti | fication) | | |
| For further information concerning | ng this matter, please call: | | | | | |
| Mitchell Slater | | 907 at (| 315-699 | 3 | | |
| Name (| of Contact Person | Area Code | Dayt | ime Telephone Number | 阿姆 | |
| MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division o Registratio Clifton Bu 2661 Exec | | JUN 25 A | FILED |
| Enclosed is a check for the follow ☐ \$125.00 Filing Fee | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status | S155.00 Filir Certified Copy | ng Fee & | \$160.00 Filing Fee of Status & Certified | | |



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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Slater Strategies LLC. | Limited Liability Company; must include "Limite | d Liability Compar | v""I C "or"I C" | | |
|--|--|--|------------------------------------|--|----|
| (Maint of Colorgia | Zamies Zaomy Company, max metado Zamie | c caoin, compa | ,, a , a, | , | |
| (If name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Flo | rida. The alternate nam | ne must include "Limited Lia | bility Company," "L.L.C." or "L.L.C.") | |
| 2. Alaska | 3. 47-529 | | | | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | | (FEI numb | ber, if applicable) | |
| 4. 05/02/2018 | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ | registration.) ne penalty liability) | | | |
| 5. 2200 E Parks Hwy, Su | | 6. PO Bo. | x 876993 | | |
| (Street Address of I Wasilla, AK 99654 | Wasilla | (Mailing Add: A. AK 99687 | ress) | | |
| 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | | · · · · · · · · · · · · · · · · · · · | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box | NOT acceptal | ole) | | |
| Name: | Mitchell Slater | | , | | |
| Office Address: | 774 SW Sail Ter. | | | | |
| | Port St. Lucie | | , Florida <u>34953</u> (Zip cod | | |
| Registered agent's accep | (City) | | (Zip cod | c) | |
| | Witchell States | | | | |
| | • • | • | | | 4 |
| 8. The name, title or capa <u>Title or Capacity:</u> | acity and address of the person(s) who have and Address: | is/have authorit <u>;</u> <u>Title or C</u> | | Name and Address: | 1 |
| CEO | Mitchell Slater | | | 2 | |
| | 774 SW Sail Ter. | _ | | | 11 |
| | Port St. Lucie, FL 34953 | _ | | | |
| | | | | ليب ١٠ : | |
| | | | | | |
| (Use attachments if neces | rand | _ | | <u></u> | |
| (Ose attachments if fieces | sary) | | | | |
| | of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted) | | | | |
| | uted in accordance with section 605.020; the Department of State constitutes a th | | | | |
| | mit least Vita | 5 | | • | |
| | Signature Signature | of an authorized perso | xn. | | |
| | Mitchell Slater | | | | |
| | Typed or | printed name of signe | | | |



State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Slater Strategies LLC

This entity was formed on May 26, 2015 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

ville Varane



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective June 20, 2018.

Mike Navarre Commissioner