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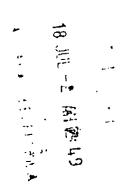
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JUL 05 2018



March 20, 2018

ROBERT B REYNOLDS REYNOLDS, KORTH & SAMUELSON, PC, LLO 1401 W FIRST ST, PO BOX 717 OGALLALA, NE 69153

SUBJECT: FRE III, L.L.C. Ref. Number: W18000026923

We have received your document for FRE III, L.L.C. and your check(s) totaling \$130.00. 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.

The registered agent must sign accepting the designation.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 318A00005619

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COVER LETTER

TO:		ation Section n of Corporation	ıs				
SUBJE	FF	RE III, L.L.C.					
			Name of	Limited Liability C	ompany		
The end Existen	closed *A ce, and cl	pplication by For neck are submitte	eign Limited Liability Comp d to register the above refer	oany for Authorizat enced foreign limit	ion to Tra ed liability	unsact Business in Florida," (company to transact busine	Certificate of ss in Plorida.
Please 1	retum ali	correspondence o	concerning this matter to the	following:			
		Robert B. Roya	nolds				
			N	ame of Person			
		Reynolds, Kort	h & Samuelson, P.C., L.L.O).			
	Firm/Company						
		1401 West Firs	i Street, P.O. Box 717				
				Address			
		Ogailala, NE 6	9153				
			City/S	tate and Zip Code			
		rbr@rkslawoffic	e.com				
	•		E-mail address: (to be use	d for future annual	report not	ification)	
For fur	ther infor	mation concemin	g this matter, please call:				
	Robert	Reynolds	_	308 at (284-40	01	
		Name o	of Contact Person	Area Code	Day	time Telephone Number	
		NG ADDRESS: n of Corporations				ADDRESS: of Corporations	
Registration Section P.O. Box 6327			Registration Section				
		ssee, FL 32314				uilding cutive Center Circle cc, FL 32301	
Enclose		ock for the follow	ing amount:				
	□ \$ 125	i.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cer 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company, must include "Limi		
	une adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited Lish:	htty Company," "L.L.C." or "LLC.")
2. Nebraska		3.	
(Jurisdiction under the law of wi	rich foreign limited hability company is organized)	(FEI number	r, if applicable)
4	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 603,0905, F.S. to deter	to resistration.)	
		mina penalty liability)	
5. 1311 Ogalinia Beach F	Road	6. 1311 Ogallala Beach Road	
Ogallala, NE 69153	rencipal Office)	(Mailing Adder	(E) (C)
Oganaia, 143 07103		Ogallala, NE 69153	
			P
7. Name and street address	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	F. •
	Patrick D. Morris PA	,,	· ·
Name:		<u> </u>	**************************************
Office Address:	FT myenes		一 [9]
Omerica.	~		- A
	HT MI Jenes	, Florida 331	01
Registered agent's accep		(Zip code)
Having been named as ee	Distaced agent and to account convice as	Francisco for the above stated Builted	Part Olk
Having been named as re designated in this applica	gistered agent and to accept service of tion. I hereby accept the appointment	f process for the above stated limited	liability company at the place
designated in this applica	tion, I liereby accept the appointment	as registered agent and agree to act i	n this canacity I further nore
designated in this applicate to comply with the provisi	tion, I liereby accept the appointment ons of all statutes relative to the prope	as registered agent and agree to act i	n this canacity I further nore
designated in this applicate to comply with the provisi	tion, I liereby accept the appointment	as registered agent and agree to act it ar and complete performance of my d	n this capacity. I further agre luties, and I am familiar with
designated in this applicate to comply with the provisi	tion, I hereby accept the appointment ons of all statutes relative to the proposition as regimered agent.	as registered agent and agree to act to ar and complete performance of my d	n this canacity I further nore
designated in this applica to comply with the provisi and accept the obligations	tion, I hereby accept the appointment ons of all statutes relative to the prope of my position as registered agent. (Methered agent	as registered agent and agree to act it and complete performance of my descriptions. Port vices	n this capacity. I further agre luties, and I am familiar with
designated in this applica to comply with the provisi and accept the obligations 8. The name, title or capa	tion, I hereby accept the appointment ions of all statutes relative to the proper of my position as registered agent. (Methered speciality and address of the person(s) who	as registered agent and agree to act it and complete performance of my description. Part Complete performance of my description. Part Complete performance is a contract of the contract of	n this capacity. I further agre luties, and I am familiar with
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designated in this applica to comply with the provisi and accept the obligations 8. The name, title or capa Title or Capacity: Member (Use attachments if necess	ition, I hereby accept the appointment cons of all statutes relative to the proper of my position as registered agent. (Methered agent acity and address of the person(s) who Name and Address: Teresa Jehorek 1311 Ogallala Beach Road Ogallala, NE 69153	as registered agent and agree to act it and complete performance of my described by the second secon	n this capacity. I further agree the street of the street
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STATE OF NEBRASKA

United States of America, } ss. State of Nebraska }

Secretary of State State Capitol Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

FRE III, L.L.C.

was duly formed under the laws of Nebraska on July 18, 2013;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

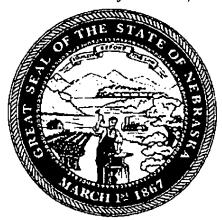
the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

March 27, 2018

Secretary of State