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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

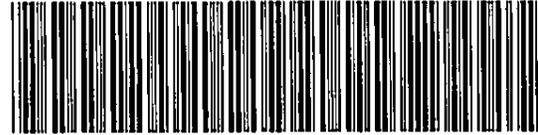
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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n BRUCF
JUL 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8square, LLC, Trustee
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kelly Beachell Gasner
Name of Person
8square, LLC, Trustee
Firm/Company
PO Box 471380
Address
District Heights, Maryland 20753
City/State and Zip Code
manager@8squarellc.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Kelly Beachell Gasner 240 460-7028
Name of Contact Person at (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 & 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 605.0203, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. 8square, LLC, Trustee
(Name of foreign limited liability company, must include "limited liability company," "L.L.C.," or "LLC")

2. Wyoming 3. 27-1448153
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

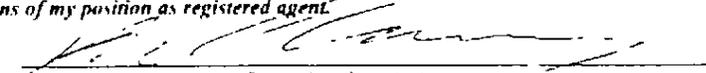
4. _____
(Date first transacted business in Florida, if prior to registration) (See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 60 E. Simpson Ave., Box 2689 6. PO Box 471380
(Street Address of Principal Office) (Mailing Address)
Jackson, WY 83001 District Heights, MD 20753

7. Name and street address of Florida registered agent: (P.O. Box NDI acceptable)
 Name: Paul Gasner
 Office Address: 3649 Universal Plaza
New Port Richey, Florida 34652
(City) (Zip code)

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Registered agent's acceptance:
Having been named as 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 agree 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's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Co-Manager</u>	<u>Kelly Beachell Gasner</u> <u>60 E. Simpson Ave. Box 2689</u> <u>Jackson, WY 83001</u>	<u>Co-Manager</u>	<u>Scott Gasner</u> <u>60 E. Simpson Ave. Box 2689</u> <u>Jackson WY 83001</u>
_____	_____	_____	_____
_____	_____	_____	_____

(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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath 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 State constitutes a third degree felony as provided for in 8.817.155, F.S.

Signature of an authorized person
Kelly Beachell Gasner, Co-Manager, 8square LLC
Typed or printed name of signer

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

8SQUARE LLC

a limited liability company originally organized under the laws of **Maryland** on **October 29, 2009** did on **December 5, 2012** apply for a Certificate of Organization and filed Articles of Continuance in the office of the Secretary of State of Wyoming.

I FURTHER CERTIFY that this limited liability company has renounced its state or country of organization, and is now organized under the laws of the state of Wyoming is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on **July 13, 2018**.



Edward A. Buchanan
Secretary of State

By: _____
Kit Bennett

Filed Date: 12/05/2012