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N CULLIGAN SEP 1 2 2018

	E.	
	istration Section ision of Corporations	
SUBJECT:	BEAR-LEE, LLC	
	Name of Limited Liability Co	ompany
	I "Application by Foreign Limited Liability Company for Authorization check are submitted to register the above referenced foreign limite	
Please return	all correspondence concerning this matter to the following:	
	DALEN B. DAVIS Name of Person	
	BEAR-LEE, LLC Firm/Company	
	1890 SWESTBROOM CINCIZ AST Address	08-105
	LUT2 FL 33559 City/State and Zip Code	
	YOH - NAH - DEN @ MSN. (E-mail address: (to be used for future annual r	PDM peport notification)
For further in	nformation concerning this matter, please call:	
Ţ	Name of Contact Person Area Code	Daytime Telephone Number
MA	ILING ADDRESS:	STREET ADDRESS:

COVER LETTER

Division of Corporations Registration Section P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$\sum_{\text{s}} 125.00 \text{ Filing Fee} \quad \text{\$\sum_{\text{s}} 130.00 \text{ 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;
R=40-15= "11.C"
1
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
company is organized)
4. Up Del DATE OF Film (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 1890 SUGSTBAMM OLANG AUT OK-105 /1152 F/ 33559
5. 1011 Chile. 3.2. C. 2. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
~
(Street Address of Principal Office)
6. 1890 SWEDT BRUMCINGE 181 08-105 CU12 11 3515 PER SE T
(Mailing Address)
(Street Address of Principal Office) (Street Address of Principal Office) (Street Address of Principal Office) (Mailing Address) (Mailing Address) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
(Street Address of Principal Office) 6. 1890 SWEET Brown Circle Act 08-105 Lut 2 71 33559 75 75 75 75 75 75 75 75 75 75 75 75 75
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DALEN B. DAVIS Office Address: 1890 SWELT BROWN CIRCLE MOT 08-105 LUT2 (City), Florida 33(59) (Zip code)
Lui2 Florida 335-9
(City) (Zip code)
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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an
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:
DALEN B. DAVIS MANGER
1890 SWEET BROWN CINCLE APT 08-105
· · · · · · · · · · · · · · · · · · ·
LUTZ 72 33559
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)
of the translator must be submitted)
Signature of an authorized person
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 s.817.155, F.S.
Jillia B. Citt
Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BEAR-LEE**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 22, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 22, 2018.

Ballona K. Caganske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180622-1241