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TO:	Registration Section Division of Corporations	;					
SUBJE	FIRST GATE, LLC	C					
		Name of I	imited Liability (Company			
					nnsact Business in Florida," (y company to transact busine		
Please	etum all correspondence co	incerning this matter to the	following:				
	Darryl Jerdine						
		Na	ime of Person				
	First Gate, LLC						
Firm/Company							
	467 Lake Howe	ell, Ste 102					
			Address				
	Maitland, FL 33	2751					
		City/St	ate and Zip Code	-			
	firstgate.llc@gma						
		E-mail address: (to be used	for future annual	report not	ification)		
For furt	her information concerning	this matter, please call:					
	Darryl Jerdine		407 at (602-14	14		
	Name of	Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
Enclose	d is a check for the followir ☐ \$125.00 Filing Fee	ng amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig 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, 171E FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

r umvailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida. The afternate name must include "Limited	Liability Company," "L.L.C," or "LLC,")
NEW MEXICO		3. 83-142230	
	nich foreign limited liability enmount is organized)		number, if applicable)
	(Date first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to des	e to registration.) ennine penalty liability)	
67 Lake Howell, Ste		6. 467 Lake Howell, Ste	102
(Street Address of Plaitland, FL 32751	rincipal Office)	(Mailing Maitland, FL 32751	Address)
ame and street addres	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	
Name:	InCorp Services, Inc.		
Office Address:	17888 67th Court North		
	Loxahatchee	, Florida 33470	1 on 1
	(City)	, Florida	code)
ne been named as re	gistered agent and to accept service o	of process for the above stated limi	ted lightlity company of the n
mply with the provisi	tion, I hereby accept the appointmen ions of all statutes relative to the prop s of my position as fegistered agent	t as registered agent and agree to to per and complete performance of n	act in this capacity. I further
mply with the provisi accept the obligations	ons of all statutes relative to the prop s of my position as registered agent Court (Registered agen	tney Thomas on Behalf of in	Corp Services, Inc.
mply with the provisions accept the obligations the obligations the name, title or capa	ons of all statutes relative to the prop s of my position as registered agent Court	tney Thomas on Behalf of in	Corp Services, Inc.
mply with the provisions accept the obligations for the control of	cons of all statutes relative to the property of my position as registered agent. Count (Registered agent active and address of the person(s) who	tney Thomas on Behalf of In a's signature) has/have authority to manage is/are	Corp Services, Inc.
mply with the provisions accept the obligations for the control of	Country and address of the person(s) who	tney Thomas on Behalf of In a's signature) has/have authority to manage is/are	Corp Services, Inc.
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mply with the provisions accept the obligations he name, title or capa Fitle or Capacity:	cons of all statutes relative to the property of my position as registered agent. County (Registered agent) County and address of the person(s) who Name and Address: See Attached	tney Thomas on Behalf of In a's signature) has/have authority to manage is/are	Corp Services, Inc.
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mply with the provisions accept the obligations. The name, title or capa Title or Capacity: attachments if necess tached is a certificate diction under the law of the capacity.	cons of all statutes relative to the property of my position as registered agent. Counting the person of the pers	tney Thomas on Behalf of in the signature) has/have authority to manage is/are Title or Capacity:	Corp Services, Inc. Name and Address: having custody of records in
cattachments if necesses translator must be such	cons of all statutes relative to the property of my position as registered agent. Counting the person of the pers	tney Thomas on Behalf of Interview In the American State of Interview Interv	Corp Services, Inc. Name and Address: having custody of records in station of the certificate under ware that any false information
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The name, title or capa Title or Capacity: e attachments if necess ttached is a certificate diction under the law of the translator must be su This document is exect	cons of all statutes relative to the property of my position as registered agent. Countries of my position as registered agent. Countries of the person(s) who Name and Address: See Attached Sary) of existence, no more than 90 days of of which it is organized. (If the certification in accordance with section 605.02 the Department of State constitutes a	tney Thomas on Behalf of Interview In the American State of Interview Interv	Corp Services, Inc. Name and Address: having custody of records in station of the certificate under ware that any false information

PRESIDENT:

DARRYL JERDINE

467 LAKE HOWELL, STE 102

MAITLAND, FL 32751

VICE-PRESIDENT

DARRYL JERDINE

467 LAKE HOWELL, STE 102

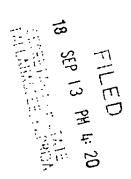
MAITLAND, FL 32751

SECRETARY

DARRYL JERDINE

467 LAKE HOWELL, STE 102

MAITLAND, FL 32751



OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

FIRST GATE, LLC 4914406

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on May 20, 2014, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. 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.

Certificate Issued: July 31, 2018

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Joulouse Oliver
Secretary of State

