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#### **COVER LETTER**

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TO:	Registration Section Division of Corporation	as							
SUBJE	LINCO Properties,	LLC							
SOBIL		Name of	Limited Liability	Company					
The end Existen	closed "Application by For ce, and check are submitte	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ted liability	nnsact Business in Florida," Cer y company to transact business i	tificate of in Florida.			
Please	return all correspondence o	oncerning this matter to the	following:						
	Carlisle Dale								
		N	fame of Person	·					
	Wiseman Bray,	PLLC							
		F	irm/Company						
	8001 Centerview Parkway, Suite 103								
			Address						
	Cordova, TN 38018								
		City/S	State and Zip Code						
	rlinagen@msn.co	om							
		E-mail address: (to be use	d for future annual	report not	ification)				
For furt	her information concerning	g this matter, please call:							
	Carlisle Dale		901 at (	372-50	03				
	Name o	f Contact Person	Area Code	Day	time Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding scutive Center Circle ee, FL 32301				
Enclose	d is a check for the follows  \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certification of Status & Certified Copy	cate			

### 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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		danted for the number of transaction business in Cla	ride. The alterna	to manual annual	ata at the blood Commence was	11.6" - 11	16275
(Date flow contents of Prods (There to repairment) lose sections 603.0904 & 603.0905 F.S. to determine penuls) lability)  3276 Hollow Creek Road  6. 3276 Hollow Creek Road  6. 3276 Hollow Creek Road  6. 3276 Hollow Creek Road  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  8. Name and street address: 177 Bay Manplia Lane  5. Santa Rosa Beach  6. Florida 32459  6. Office Address: 177 Bay Manplia Lane  5. Santa Rosa Beach  6. Florida 32459  6. Office Address: 177 Bay Manplia Lane  5. Florida 32459  6. Santa Rosa Beach  7. Florida 32459  6. Santa Rosa Beach  8. Florida 32459  6. Santa Rosa Beach  9. Florida Santa Rosa Beach  9. Santa Rosa Beach  9. Florida Santa Rosa Beach  9. Santa Rosa Beach  9. Florida Santa Rosa Beach  9. Santa Rosa Beach  9. Florida Santa Rosa Rosa Rosa Rosa Rosa Rosa Rosa Ros		nonpied for the purpose of transacting torsuress in Pro-			•		.I.C. )
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Some Address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ronald Friesen  Office Address: 177 Bay Magnelia Lane  Santa Rosa Beach Florida 32459  Registered agent's acceptance:  laving been named as registered agent and to accept service of process for the above stated limited liability company at the place estignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further age no comply with the provisions of all-strates relative for the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  S. The name, title or capacity and address of the proper and complete performance of my duties, and I am familiar with a decept the obligations of my position as registered agent.  Some and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Some and Address:  Name and Address:  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under out of the translator must be submitted)  This document to the Department of Stato Copulities a third degree felony as provided for in s.817.155. F.S.		(See sections 605.0904 & 605.0905, F.S. to determi	ne penalty liabil	ity)			
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Signature of an authorized person		Salar I I II II	<i>"</i>				
<del>-</del>		Sof June	<u>/</u>	<u> </u>			

Typed or printed name of signee

## 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 according to the records of this office,

### **LINCO Properties, LLC**

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 10**, **2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000823969**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of December, 2018 at 12:06 PM. This certificate is assigned 028907329.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.