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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

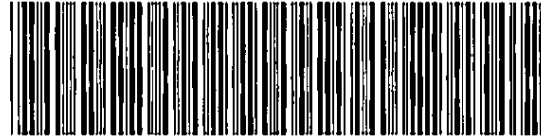
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Special Instructions to Filing Officer:

Spoke w/ Mr. McClain 1/4/2019

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C CAVE
JAN 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Discount Labor 4 Less LLC
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:

John C McClain
Name of Person

Discount Labor 4 Less LLC
Firm/Company

2319 N. Congress Ave Apt 23
Address

Boynton Beach Florida 33426
City/State and Zip Code

JCMC1583@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John McClain at (312) 859 7865
Name of Contact Person 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Discofit Labor 4 Less LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

DL4L DL4L "LLC"
(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. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-3936-175
(FEI number, if applicable)

4. 12/18/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2319 N. Congress Ave
(Street Address of Principal Office)

6. 2319 N. Congress Ave
(Mailing Address)

Apt 23, Boynton Beach
Florida 33426

Apt 23, Boynton Beach
Florida 33426.

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John McCain

Office Address: 2319 N. Congress Unit 23

Boynton Beach Florida, Florida 33426
(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 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.

[Signature]
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

owner PP

John McClain


cc. 2319 N. Congress Ave., Apt. 23

Boynton Beach, FL 33426

(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)

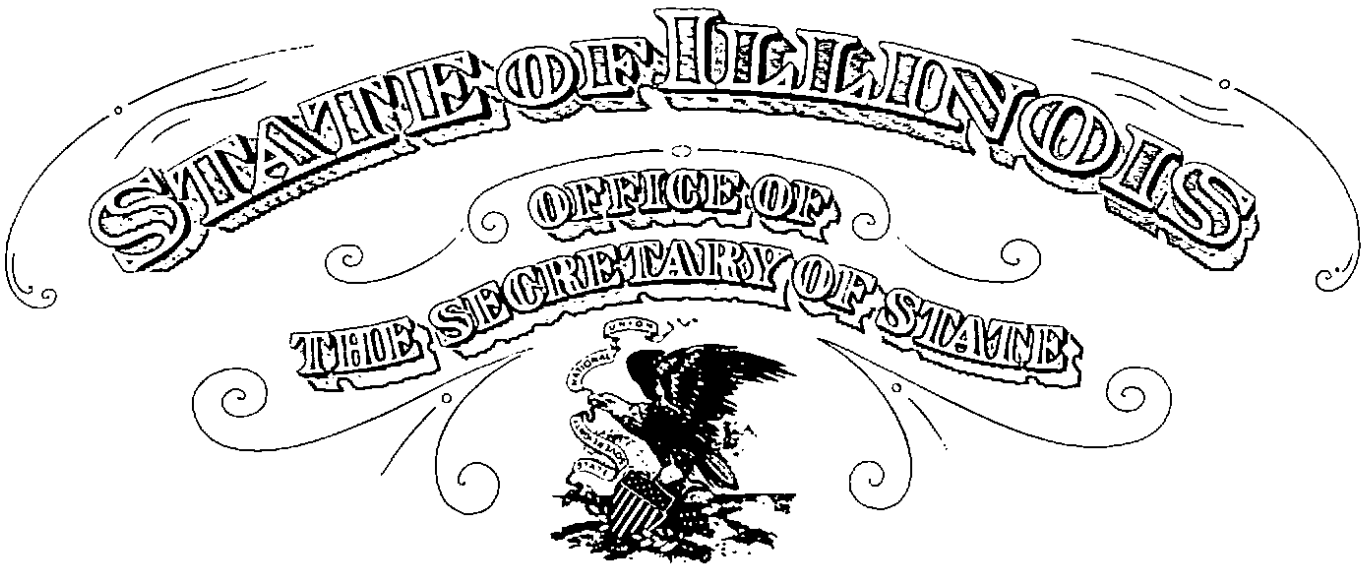
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

John McClain

Typed or printed name of signer



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DISCOUNT LABOR 4 LESS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 11, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of DECEMBER A.D. 2018 .



Jesse White

SECRETARY OF STATE