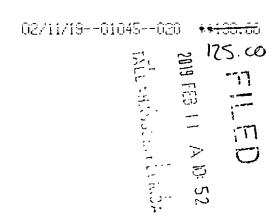
MIGOROIBYD

(Re	equestor's Name)	.
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:		ation Section n of Corporation:	s					
SUBJE		T ER DONE HO!	LDINGS LLC					
	_		Name of 1	imited Liability C	Company	. .		
The end Existen	closed "A ce, and cl	pplication by Fore	rign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Transact Bu ed liability compar	usiness in Florida," ny to transact busin	Certificate less in Flor	e of ida.
Please 1	return all	correspondence co	oncerning this matter to the	following:				
		MICHAEL C. S	OMMERS					
			Na	ime of Person				
		GET ER DONE	HOLDINGS LLC					
			Fi	rm/Company	<u> </u>			
		2000 NE JENSE	EN BEACH BLVD.				~3	
				Address		7.	19	-17
		JENSEN BEAC	H, FL 34957			` 	2019 FE3 1	THE TO
			City/St	ate and Zip Code		,		777
		MIKE.SOMMER	S@STSAVIATIONGROU	P.COM		· •	, D	O
	-		E-mail address: (to be used	for future annual	report notification)	ب 52 ر	
For furt	ther infor	mation concerning	this matter, please call:			į	; ;) ;	
	МІСНА	AEL C. SOMMER	RS	800 at (800-2400 X 883	34		
		Name of	Contact Person	Area Code	Daytime Tel	lephone Number		
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			STREET ADDR Division of Corpo Registration Secti Clifton Building 2661 Executive C Tallahassee, FL 3	orations ion Center Circle		
Enclose		eck for the followi .00 Filing Fee	ng amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy		60.00 Filing Fee, Co tus & Certified Cop		

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. GET ER DONE HOLD (Name of Foreign	NNGS LLC Limited Liability Company; must include "Limited	J Liability Company," "L.L,C.," or "LLC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liab	dity Company," "L.L.C," or "LLC.")
2. NEVADA		3. 83-3410616	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI numb	er, if applicable)
4. 01/01/2019			
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)	
5. 2000 NE JENSEN BE		6. 2000 NE JENSEN BEACH	
(Street Address of I JENSEN BEACH, FL	•	(Mailing Addr JENSEN BEACH, FL 3495	
JENGEN BEACH, I'E	34731	TENDEN DENOMINE TO THE	
7. Name and street address Name:	ss of Florida registered agent: (P.O. Box MICHAEL C. SOMMERS	NOT acceptable)	
Office Address:	2000 NE JENSEN BEACH BLVD.		21
011107110011001	JENSEN BEACH	, Florida 34957	- T
	(City)	, Florida (Zip code	
to comply with the provis-	ions of all statutes relative to the proper	s registered agent and agree to act and complete performance of my	in this capacity. I juriner agreed duties, and I am familiar with
to comply with the provis-	ions of all statutes relative to the proper, s of my position of revistered agent. By:	and complete performance of my o	duties, and I am familiar with
to comply with the provis-	ions of all statutes relative to the proper s of my position of registered agent.	and complete performance of my o	duties, and I am familiar with
to comply with the provis and accept the obligation	ions of all statutes relative to the proper, s of my position of revistered agent. By:	and complete performance of my of	duties, and I am familiar with
to comply with the provisand accept the obligation 8. The name, title or cap.	By: (Registered agent's sacity and address of the person(s) who ha	signature) is/have authority to manage is/are:	duties, and I am familiar with
to comply with the provis and accept the obligation 8. The name, title or cap. Title or Capacity:	By: (Registered agent's sacity and address of the person(s) who has Name and Address:	signature) is/have authority to manage is/are:	duties, and I am familiar with
to comply with the provis and accept the obligation 8. The name, title or cap. Title or Capacity:	By: (Registered agent's sacity and address of the person(s) who have and Address: PHILIP ANSON, JR. 2000 NE Jensen Beach Blvd.	signature) is/have authority to manage is/are:	duties, and I am familiar with
to comply with the provisand accept the obligation 8. The name, title or capacity: MANAGER	ions of all statutes relative to the proper, s of my position of registered agent. By: (Registered agent's statutes and address of the person(s) who has Name and Address: PHILIP ANSON, JR. 2000 NE Jensen Beach Blvd. Jensen Beach, FL 34957	signature) is/have authority to manage is/are:	duties, and I am familiar with
to comply with the provisand accept the obligation 8. The name, title or capacity: MANAGER	ions of all statutes relative to the proper, is of my position of registered agent. By: (Registered agent's statistic and address of the person(s) who has a Name and Address: PHILIP ANSON, JR. 2000 NE Jensen Beach Blvd. Jensen Beach, FL 34957 MICHAEL C. SOMMERS 2000 NE Jensen Beach Blvd. Jensen Beach, FL 34957	signature) is/have authority to manage is/are:	duties, and I am familiar with
8. The name, title or cap. Title or Capacity: MANAGER CFO (Use attachments if neces.	ions of all statutes relative to the proper, is of my position of registered agent. By: (Registered agent's statistic and address of the person(s) who has name and Address: PHILIP ANSON, JR. 2000 NE Jensen Beach Blvd. Jensen Beach. FL 34957 MICHAEL C. SOMMERS 2000 NE Jensen Beach Blvd. Jensen Beach. FL 34957 stary) of existence, no more than 90 days old, so of which it is organized. (If the certificate	signature) Is/have authority to manage is/are: Title or Capacity:	Name and Address: ving custody of records in the
8. The name, title or cape. Title or Capacity: MANAGER CFO (Use attachments if necessity is described in a certificate jurisdiction under the law of the translator must be second.) This document is executed and accept the order of the translator is executed as a certificate jurisdiction under the law of the translator must be second.	ions of all statutes relative to the proper, is of my position of registered agent. By: (Registered agent's statistic and address of the person(s) who has name and Address: PHILIP ANSON, JR. 2000 NE Jensen Beach Blvd. Jensen Beach. FL 34957 MICHAEL C. SOMMERS 2000 NE Jensen Beach Blvd. Jensen Beach. FL 34957 stary) of existence, no more than 90 days old, so of which it is organized. (If the certificate	duly authenticated by the official has is in a foreign language, a translated (1) (b). Florida Statutes. I am awar	Name and Address: ving custody of records in the ion of the certificate under oath the that any false information
8. The name, title or cape. Title or Capacity: MANAGER CFO (Use attachments if necessity is described in a certificate jurisdiction under the law of the translator must be second.) This document is executed and accept the order of the translator is executed as a certificate jurisdiction under the law of the translator must be second.	Registered agent. (Registered agent.) (Registered	duly authenticated by the official has is in a foreign language, a translated (1) (b). Florida Statutes. I am awar	Name and Address: ving custody of records in the ion of the certificate under oath the that any false information
8. The name, title or cape. Title or Capacity: MANAGER CFO (Use attachments if necessity is described in a certificate jurisdiction under the law of the translator must be second.) This document is executed and accept the order of the translator is executed as a certificate jurisdiction under the law of the translator must be second.	Registered agent. (Registered agent.) (Registered	duly authenticated by the official has is in a foreign language, a translated degree felony as provided for in	Name and Address: ving custody of records in the ion of the certificate under oath the that any false information

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 fillings 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, GET ER DONE HOLDINGS 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 December 27, 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 February 5, 2019.

Barbara K. Cegavske Secretary of State

orhana K. Cegarste

Electronic Certificate
Certificate Number: C20190205-0194