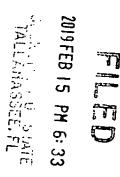
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PICK-UP WAIT MAIL
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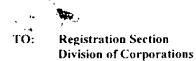


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S. PRATHER

COVER LETTER



1 T A B A	PROPERTIES	`	
I AIVI	PRUPPRUPS)	1

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and c

Existence, and check are submitted to register the above refer	enced foreign limit	ed liabilit	y company to transact business in F
Please return all correspondence concerning this matter to the	e following:		
Melvin Dukes			
	lame of Person		
I AM PROPERTIES	S, LLC		
	irm/Company		
3806 Bunche Stree	t		
	Address		
Orlando, FL 32805			
City/S	State and Zip Code		
iampropertiesllc8@y	/ahoo.co	m	
E-mail address: (to be use			tification)
For further information concerning this matter, please call:			
Melvin Dukes	407	,765	5-8990 ytime Telephone Number
Name of Contact Person	Area Code	Day	ytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton E 2661 Exc	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclosed is a check for the following amount: 2 \$125.00 Filing Fee Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$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 TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate n	ame adopted for the purpose of transacting busines	ss in Florida. The alternat	e name must include "Limited Liai	bility Company," "L.L.C	." or "L1.C.")
2.Nevada		3	der	er, if applicable)	<u>.</u>
(Jurisdiction under the law of w	hich foreign limited liability company is organized	1	(LEI BRIK	кт, п аррисанет	
4	(Data Cart) and add house in Elimids at				
	(Date first transacted business in Florida, it (See sections 605,0904 & 605,0905, F.S. to				
5. 3806 Bunche Str		6. <u>38</u>	06 Bunche Street	nrss)	
Orlando, FL 3280	•	Or	lando, FL 32805		
· · · · · · · · · · · · · · · · · · ·					
7. Name and street addres	ss of Florida registered agent: (P.O). Box NOT acce	ptable)	TALL	
Name:	Melvin Dukes			. iz i >	
Office Address:	3806 Bunche Street		_	Cr Till	e m
	Orlando		, Florida <u>32805</u>		n 😇
	(City)		(Zip cod	<u>ei </u>	သ
designated in this applicate comply with the provisi	gistered agent and to accept servic tion, I hereby accept the appointn ions of all statutes relative to the p s of my position as reg is tered ager	nent as registered proper and compl	agent and agree to act	in this capacity.	I further agre
designated in this applicate to comply with the provision.	tion, I hereby accept the appointmions of all statutes relative to the ps of my position as registered ager	nent as registered proper and comple nt.	agent and agree to act	in this capacity.	I further agre
designated in this applicate to comply with the provision.	tion, I hereby accept the appointmions of all statutes relative to the ps of my position as registered ager	nent as registered proper and compl	agent and agree to act	in this capacity.	I further agre
designated in this applicate to comply with the provise and accept the obligation	tion, I hereby accept the appointmions of all statutes relative to the ps of my position as registered ager	nent as registered roper and complete. 'agent's signature)	agent and agree to act ete performance of my	in this capacity.	I further agre familiar with
designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap.	tion, I hereby accept the appointmions of all statutes relative to the ps of my position as registered agenticated acity and address of the person(s) v	nent as registered roper and complete. 'agent's signature)	agent and agree to act ete performance of my ority to manage is/are:	in this capacity. duties, and I am	I further agre familiar with
designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap. Title or Capacity:	ition, I hereby accept the appointmions of all statutes relative to the ps of my position as registered ager (Registered acity and address of the person(s) where and Address:	nent as registered roper and complete. 'agent's signature)	agent and agree to act ete performance of my ority to manage is/are:	in this capacity. duties, and I am	I further agre familiar with
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designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap. Title or Capacity: Manager	ition, I hereby accept the appointmins of all statutes relative to the ps of my position as registered agent (Registered agent acity and address of the person(s) where and Address: Melvin Dukes 3806 Bunche Street Orlando FL 32805	nent as registered roper and complete. 'agent's signature)	agent and agree to act ete performance of my ority to manage is/are:	in this capacity. duties, and I am	I further agre familiar with
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap. Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	ion, I hereby accept the appointmions of all statutes relative to the person of my position as registered agent (Registered agent acity and address of the person(s) was Name and Address: Melvin Dukes 3806 Bunche Street Orlando FL 32805	rent as registered proper and complete. [agent's signature] who has/have auth Title of	agent and agree to actete performance of my or ority to manage is/are: or Capacity:	Name and Ad	I further agrefamiliar with dress:
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designated in this applicate comply with the provise and accept the obligation. 8. The name, title or caparitle or Capacity: Manager (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be seen as the complete is a certificate of the translator must be seen as the complete is a certificate of the translator must be seen as the complete is a certificate of the translator must be seen as the complete is a certificate of the translator must be seen as the complete is a certificate of the complete is a certificat	ion, I hereby accept the appointmins of all statutes relative to the person of my position as registered agent (Registered agent) Name and Address: Melvin Dukes 3806 Bunche Street Orlando FL 32805 issary) of existence, no more than 90 days of which it is organized. (If the cerubmitted) cuted in accordance with section 60:	reper and complete. [agent's signature] who has/have auth Title of s old, duly authen tificate is in a fore 5.0203 (1) (b), Flo	agent and agree to actete performance of my determined of my determined of my determined or Capacity: ticated by the official having language, a translatorida Statutes. I am awar	Name and Ad	I further agrefamiliar with dress: ecords in the ate under oath

Typed or printed name of signee

Melvin Dukes

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, I AM PROPERTIES, 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 January 16, 2019, and is in good standing in this state.

STATE OF THE STATE

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 6, 2019.

Ballors K. Cegerske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20190206-0484