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> Foreign Limited Liability Company **Echelon Investment Group LLC**

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K SALY APR -3 2019

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

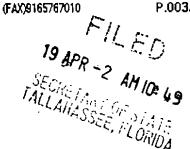
IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Echelon Investment Gr	-				<u></u>		
,	Limited Liability Company; must include "Limits	ed Liability, Comp	my;" "L.L.C	itin or, "LLLC;")			
Florida							
if name unavailable, euker altemate n	ame adopted for the purpose of minimizing training in Flo	ócida. Tas abercais o	स्त्रव सम्बद्धाः इत्या	eds "Limited Liability Comp	page," "L.L.C," or "LLC.")		
Wyoming		3. 2019	3: (FEI mumber, if applicable)				
(Jurisdiction under the law of w	at under the law of which threign limited liability company is organized).						
'!	Date first transacted business in Florida, if proc m	тедине (00,)			•		
	(See escription 605,0904 & 605,0505, F.S. to decision	nine penalty liability)			-4.0 -6		
5205 SE Burning Tree Circle		6. ⁵²⁰⁵	ȘE Burni	ng Tree Circle	25 gg .		
(Street Address of	Principal Office)			(Mailing Address)	三层 为		
Stuart , FL 34997			Stuar	7			
		 -			副6 至		
					E 10 5		
					95		
. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accept	ible)				
					•		
Name:	Rocket Lawyer Corporate Services Li	LC					
. TALLE,			-				
Office Address:	(155 Office Plaza Drive 1st Floor						
	44.	- 1-					
	Talinhassec		, Florida				
	(City)			(Zip socio)			

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.

X. Herrera Laticia Herrera Asst. Seone tans



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
	Name: Charles Eckardt	Manager	Name:	
■ Member □ Authorized Person □ Other	5205 SE Burning Tree Circle Stuart Florida 34997			☐Other
Manager	Name: Lita Wilson Oliver	Manzger	Name:	
■Member	Address:	☐ Member		
Authorized	5205 SE Burning Tree Circle	Authorized		
Person	Stuart: FL 34997	Person	,	
	Other		 -	Other
Manåger	Name:	Manager	Name:	
☐Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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) (5), 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 \$1817.155, F.S.

Site Wilson States

Chailes Bekinds Like Wilson Oliver

Typed or protest came of signer

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,

Echelon Investment Group LLC

is a mited Liability C

Limited Liability Company

formed or qualified under the laws of Wyoming did on March 25, 2019, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2019-000847861.

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 1st day of April, 2019 at 2:46 PM. This certificate is assigned 030509622.

Secretary of State

19 &PR -2 AM 10: 49
SEGRETARY OF STATE
TALLAMASSEE, FI ORIGA

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.