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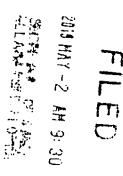
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COVER LETTER

ΓO:	Registration Section Division of Corporations	1				
	8690 LLC					
SUBJI	ECT:				 	
		Name of Limit	ed Liability C	ompany		
The en Exister	nclosed "Application by Foreign Limited Liab nce, and check are submitted to register the a	ility Company f bove referenced	or Authorizat foreign limite	ion to Transact ed liability com	Business in Florida," pany to transact busin	Certificate of less in Florida.
Please	return all correspondence concerning this ma	atter to the follo	wing:			
	GEOFFREY PETTE, ESQ.	į				
		Name of Limited Liability Company "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d check are submitted to register the above referenced foreign limited liability company to transact business in Florida. all correspondence concerning this matter to the following: GEOFFREY PETTE, ESQ. Name of Person PETTE P.A. Firm/Company 1451 WEST CYPRESS CREEK RD., SUTTE 300 Address FORT LAUDERDALE, FL.33309 City/State and Zip Code GEOFF@PETTEPA.COM E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: OFFRIEY PETTE, ESQ. 954 530-6647 at (Name of Contact Person Area Code Daytime Telephone Number STREET ADDRESS: 15ion of Corporations Registration Section Cition Building 2661 Executive Center Circle Tallahassee, FL 32314 closed is a check for the following amount; ass make check payable to: FLORIDA DEPARTMENT OF STATE				
	PETTE PA.	!				
		Firm/C	ompany	· <u>- · · · · · · · · · · · · · · · · · ·</u>		
	1451 WEST CYPRESS CREEK RD., SUITE 300 Address					
Existence, and check are submitted to register the above referenced foreign limited lia Please return all correspondence concerning this matter to the following: GEOFFREY PETTE, ESQ. Name of Person PETTE P.A. Firm/Company 1451 WEST CYPRESS CREEK RD., SUTTE 300 Address FORT LAUDERDALE, FL 33309 City/State and Zip Code GEOFF@PETTEPA.COM E-mail address: (to be used for future annual repo For further information concerning this matter, please call: GEOFFREY PETTE, ESQ. Name of Contact Person Area Code MAILING ADDRESS: Division of Corporations STI						<u>-</u>
	FORT LAUDERDALE, FL 333	09				
	GEOFF@РЕТТЕРА.СОМ	City/State a	and Zip Code			•
	E-mail address	(to be used for	future annual	report notificat	ion)	-
For h	arther information concerning this matter, ple	ase call:				
	GEOFFREY PETTE, ESQ.)) (954	530-6647		
	Name of Contact Person) Daytime	Telephone Number	-
				Division of Co Registration S	orporations ection	
	P.O. Box 6327 Tallahassee, FL 32314	÷		2661 Executiv	e Center Circle	
	Enclosed is a check for the following and Please make check payable to: FLORID .	ound A DEPARTME	ENT OF STA	TE		
	\$125.00 Filing Fee \$130.00	Filing Fec &	\$155,00	Filing Fec &		

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

8690 LLC		1				
(Name of Foreign	Limited Liability Company, must	include "Limited Liabilit	v Company," "L.L.C	. Tor "I.J.C.")		
		1		·		
					·	_
ume unavadable, enter alternate n OKLAHOMA	ame adopted for the purpose of transact	ing business in Florida. The al	ternate name must inclu	de "Lumded Liability Comp	any, Dolla L. C. Coroll.	LC 7)
		•	2-			
(lunisdiction under the law of w	high foreign limited liability company is	<u>:</u> 3.	<u> </u>	5 7 1 1 90 (FEI number, if applic		
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	(Date first transacted husiness in (See sections 605 0904 & 605 09	Florida, il prior to registration) Inhilani			
2202 E. 26TH PLACE		1	-2202 Е. 26ГН Г	N ACE		
		,				
/Street Address at I	Principal Office)	- ; 6.		(Mailing Address)		_
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	PETTE P.A.					<u> </u>
Name:						
	1451 WEST CYPRESS C	REEK RD., SUITE	300		7.72	<u>ب</u>
Office Address:					7 7 7	ယ္
Office Address.	Commercial terrors		·		•	
	FORT LAUDERDALE			33309		
		(City)	Florida			
				(Zm code)		

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.

(Registered agent's signature)

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: JAMES MCAULEY CHARLES BLANKENSHIP Manager Name: Manager Name: __ 2202 E. 26TH PLACE Member Address: _ ☐ Member Address: Po Rox 1011245 TULSA, OK 74H4 Authorized Authorized ROSEMARY BEACH FL 32461 Person Person Other__ Other_____ Other Other____ Manager Name: Name: Member Address: Member | Address: Authorized Authorized Person Person Other Other____ Other Other & Manager 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. Nonindexed 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) (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.

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

1. THE UNDERSIGNED. Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>8690 LLC</u> whose registered agent is <u>JAMES MCAULEY</u> with its registered office at <u>2202 E. 26TH PLACE TULSA 74114 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 19th, day of April, 2019.

Secretary Of State