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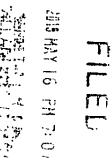
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COVER LETTER

то:	Registration Section Division of Corporations						
SUBJEC	SOUTHERN BEST PROP	PERTY I	HOLDIN	IGS, LLC			
SOBJEC		nited Liability (T			
	losed "Application by Foreign Limited Liability Compane, and check are submitted to register the above reference						
Please re	cturn all correspondence concerning this matter to the fol	llowing:					
	Tina Michelle Massin	gill					
	Nam	e of Person		**************************************			
SOUTHERN BEST PROPERTY HOLDINGS, LLC							
	Firm	/Сотрапу					
	11085 Amberton Cro	ssing					
		Address					
	Johns Creek, GA 300)97					
	City/State	e and Zip Code					
	Michellemassingill@y	ahoo.c	om				
	E-mail address: (to be used for			tion)			
For furth	ner information concerning this matter, please call:						
	Tina Michelle Massingill	404	931-7	129			
	Name of Contact Person	Area Code	Daytime	Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations ection ng re Center Circle			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM	FNT OF STA	TF				
	☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	_	Filing Fee &	☐ \$160.00 Filing Fee, Certificate			

Certificate of Status

Certified Copy

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 HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA.

vevaua							
Nevada (Jurisdiction under the law of which foreign limited liability company is organized)		3	3. (FEI number, if applicable)				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.)	lity)				
4730 S Fort Ap	ache Rd #300	₂ 1 ²	1085 Amberton	Crossing			
(Street Address of Pr	incipal Office)	6	(Mailing Ac	ddress)	F & 1		
₋as Vegas	, NV 89147	Je	ohns Creek,	, GA 300	ე97		
				it.	<u> </u>		
lame and street address	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acce	eptable)	المين. المعلق المينية			
	Registered Agen	nts Inc		**************************************	<u> </u>		
Name:				- 44° 1-44°	- <u> </u>		
Office Address:	7901 4th St N S	IE 300	<u>) </u>		ا ده این سیا		
	St. Petersburg		3370	02			
	(City)		, Florida(Zip o	ode)			
istered agent's accept							
	gistered agent and to accept service of	of process for					
	ion, I hereby accept the appointment	t as registered	d agent and agree to ac	ct in this capaci	ity. I furthe		

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: Tina Michelle Massingill Name: Manager Manager Manager 4730 S Fort Apache Rd #300 Member Member Las Vegas, NV 89147 Authorized Authorized Person Person Other_ Other____ Other____ Uther_ Manager Manager Member Address: Member Address: Authorized Authorized Person Person Other Other Other Manager Manager 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. Michelle Massire U 5-13-19
Signature of an authorized physion Tina Michelle Massingill

Typed or printed name of signee

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, **SOUTHERN BEST PROPERTY 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 May 22, 2017, 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 April 25, 2019.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190425-0134