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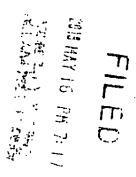
(Re	questor's Name)	
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COVER LETTER

TO:

SUBJECT		of Limited Liability (· · · · · · · · · · · · · · · · · · ·
		-	• •
			tion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida
Please rett	irn all correspondence concerning this matter to the	ne following:	
	Michelle Massingill		
		Name of Person	
	SOUTHERN BEST	CAPITA	L, LLC
		Firm/Company	
	11085 Amberton C	rossing	
		Address	
	Johns Creek, GA 3	30097	
	City	/State and Zip Code	
	Michellemassingill@	yahoo.c	om
	E-mail address: (to be us	sed for future annual	report notification)
For further	r information concerning this matter, please call:		
ľ	Michelle Massingill	at (_404	,931-7129
	Name of Contact Person	Area Code	Daytime Telephone Number
D R P	AAILING ADDRESS: Division of Corporations Registration Section CO. Box 6327 Callahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Nevada				
Jurisdiction under the law of w	hich foreign limited liability company is organized)		(I/EI number, if app	licable)
	(Note Green and John and Joseph Green)			
730 S Fort Ar	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, E.S. to d		S Fort Anache F	2d #300
4730 S Fort Apache Rd #300 (Street Address of Principal Office)		6	S Fort Apache R	
as Vegas	s, NV 89147		Vegas, NV	
ame and street addre	ss of Florida registered agent: (P.O.	Box <u>NOT</u> acceptabl	e)	10 PH
Name:	Registered Age	nts Inc.		Ca.
Office Address:	7901 4th St N S	STE 300		
	St. Petersburg		33702 <u>Florida</u>	

(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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Michelle Massingill ☑ Manager Manager Manager Name: 4730 S Fort Apache Rd #300 Member Address: _____ Las Vegas, NV 89147 Authorized Authorized Person Person Other_ Other____ Other__ Other_____ Name: ____ Manager Manager Manager Name: _____ Address: _____ Member Member Authorized Authorized Person Person Other____ Other_ Other_ Other Manager 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. 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 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 CAPITAL**, **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: C20190425-0133