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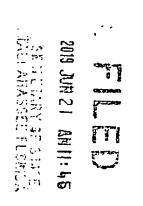
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COVER LETTER

TO: Registration Section
Division of Corporations

CT: FAIRLEA REAL ESTATE SOLUTIONS, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Janice Loughrie		
Name of Person		
FAIRLEA REAL ESTATE SOLUTIONS, LLC		
Firm/Company		
122 Leawood Circle		
Address		
Naples, FL 34104		
City/State and Zip Code		
loughrieja@gmail.com		
E-mail address: (to be used for future annual report notification)		
rther information concerning this matter, please call:		
Janice Loughrie 239 293-9981	2019	7
Name of Contact Person Area Code Daytime Telephone Numbers		
MAILING ADDRESS: STREET ADDRESS:	2	Exemples.
Division of Corporations Registration Section Division of Corporations Registration Section Division of Corporations Registration Section	Ť*n	استأسنا 1
P.O. Box 6327 Clifton Building	<u>E</u>	
Tallahassee, Fl. 32314 2661 Executive Center Circle 😤 💥	84 II: 48	
Tallahassee, FL 32301	æ⊓ Æ	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE		•
☑ \$125.00 Filing Fee		

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 603 0905, F.S. to determine penalty liability.) 22 Leawood Circle (Street Address of Principal Office) 4 Apples, FL 34104 Registered agent: (P.O. Box NOT acceptable) Name: 8 Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) Florida St. Petersburg (City) Florida 133702 (Zap code) red agent's acceptance: been named as registered agent and to accept service of process for the above stated limited liability by with the provisions of all statutes relative to the proper and complete performance of my duties, by with the provisions of all statutes relative to the proper and complete performance of my duties, by with the provisions of all statutes relative to the proper and complete performance of my duties, and agree to act in this type with the provisions of all statutes relative to the proper and complete performance of my duties, and agree to act in this type with the provisions of all statutes relative to the proper and complete performance of my duties, and agree to act in this type with the provisions of all statutes relative to the proper and complete performance of my duties, and agree to accept the ag	cting business in Florida	The alternate name must include "Limited Lia	ibility Company," "L.L.C," or
(Date first transacted business in Florida, if prior to registration.) (Nee sections 605 0904 & 603 0905, F.S. to determine penalty liability.) 22 Leawood Circle (Street Address of Principal Office) apples, FL 34104 Naples, FL 3410 Naples, FL 3410 Registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) Florida 33702 (Zap code) red agent's acceptance: been named as registered agent and to accept service of process for the above stated limited liability ted in this application. I hereby accept the appointment as registered agent and agree to act in this	overen red)	3	ther of applicable t
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nand street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Office Address: The ed agent's acceptance: Seen named as registered agent and to accept service of process for the above stated limited liability and in this application. I hereby accept the appointment as registered agent and agree to act in this	905, F.S. to determine po	penalty liability)	d Cirolo
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Red Hame	City) cpt service of procuppointment as rest to the proper and	. Florida 3370 Cocess for the above stated limited egistered agent and agree to access	I liability company at in this capacity. I fi

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: Janice Loughrie ☑ Manager Manager Manager Name: Address: 122 Leawood Circle Member Member Address: Naples, FL 34104 ■Authorized Authorized Person Person Other Other Other___ Other Manager Manager Name: Member Member | Address: ______ Address: Authorized Authorized Person Person Other____ Other Other Name: Manager Manager Member Address: ☐ Member Address: ■ Authorized Authorized Person Person 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. 203 (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. Janice Loughrie

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, **FAIRLEA REAL ESTATE SOLUTIONS**, **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 August 14, 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 June 12, 2019.

Ballons K. Cegerske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20190612-1269