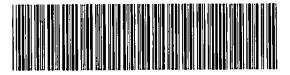
N90000738

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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800332619288

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2019 JUL 31 PM 4: 30

SECKLIARY OF STATE
TALLAHASSEE, FINANCE

Y SCOTT

AUG 1 2019



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

,

REQUEST DATE 7/31/2019

PRIORITY Routine

OUR REF #-(Order ID#), 759972

ORDER ENTITY

ESTERO COVENANT GROUP LLC

PLEASE PERFORM THE FOLLOWING SERVICES: ESTERO COVENANT GROUP LLC (FL)

File the attached foreign qualification document

FILED

1019 JUL 31 PM 4: 31

SECRITARY OF STATE ALLAHASSEE, FLORID

NOTES:

\$125.00 Authorized

Email address for annual report reminders: Shawn.Linan@Unisearch.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, July 31, 2019 Page 1 of 1

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

IN COMPLIANCE WITH NECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	eign Limited Liability Company; mu			
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpos " or "LLC.")	e of transacting busine	ess in Florida. The alterna	te name must include "Limited
, NEVADA		384-	-2279619	
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, il'appli	cable)
4. AS OF REGISTRATI	ION DATE			
<u> </u>	(Date first transacted busine (See sections 605,0904 & 605	ess in Florida, if prior t	o registration.)	
5. 2460 PASEO VERDE	EPKWY SUITE 145, HENDERS			
	(Street Address of I	Principal Office)		
6. 2460 PASEO VERDE	PKWY SUITE 145, HENDERSO	•		
				20 7AL
	(Mailing	Address)		19 J
7. Name and street addre-	ss of Florida registered agent: (P.	.O. Box NOT accep	etable)	E F TI
Name:	UNISEARCH, INC.		_	FIL 2019 JUL 31 SECKETARY ALLAHASSEL
Office Address:	155 OFFICE PLAZA DRIVE	· · · · , ,	_	FILED JUL 31 PM 4: ETARY OF STATE HASSEE, FLORI
	TALLAHASSEE		, Florida 32301 (Zip cod	
Registered agent's accep	(City)		(Zip cod	₩ 31 ₩ A
Having been named as re	egistered agent and to accept seri accept the appointment as regist	tered agent and agr	ee to act in this capacii	ation at the place designated in ty. I further agree to comply I I am familiar with and accept
this application, I hereby	ition as registered agent. UNISE By: Shown War	EARCH, INC.		nan, Assistant Secretary
this application, I hereby with the provisions of all the obligations of my pos	ition as registered agent. UNISE By: Shown War	tered agent's signature)	nan, Assistant Secretary
this application, I hereby with the provisions of all the obligations of my pos	Regist acity and address of the person(s)	tered agent's signature)	nan, Assistant Secretary
this application, I hereby with the provisions of all the obligations of my pos E 8. The name, title or cap	Regist and address of the person(s)	tered agent's signature)	nan, Assistant Secretary
this application, I hereby with the provisions of all the obligations of my pos E 8. The name, title or cap STEPHEN E. THORNE.	(Regist acity and address of the person(s) IV, MEMBER KWY SUITE 145	tered agent's signature)	nan, Assistant Secretary
this application, I hereby with the provisions of all the obligations of my pos 8. The name, title or cap STEPHEN E. THORNE, 2460 PASEO VERDE PHENDERSON, NV 8907 9. Attached is a certificate	(Regist acity and address of the person(s) IV, MEMBER KWY SUITE 145 74 e of existence, no more than 90 day of which it is organized. (If the co	tered agent's signature) who has/have author ays old, duly authent	ority to manage is/are:	iving custody of records in the

Typed or printed name of signee

STEPHEN E. THORNE, 1V

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE SEWITH 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, **ESTERO COVENANT GROUP 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 July 2, 2019, and is in good standing in this state.

SEAL OF THE SEAL O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 2, 2019.

Barbara K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20190702-1216