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TO:

O:	Registration Section Division of Corporations						
UBJE	Heavens Lakeside, LLC						
-		Name of Limi	ited Liability (Company			
	closed "Application by Foreign Limited L ce, and check are submitted to register th						
ease r	eturn all correspondence concerning this	matter to the follo	owing:				
	Terry Welch						
	Name of Person						
	Heavens Lakeside, LLC						
		Firm/Company					
	4439 Twin Lakes Drive						
	Address				_		
	Melbourne, Florida 32934						
City/State and Zip Code							
	welchte@gmail.com	welchte@gmail.com					
	E-mail addre	ss: (to be used for	future annual	report notification)			
or furtl	her information concerning this matter, p	lease call:		; · ·	3		
	Terry Welch	at	631	278-4127			
	Name of Contact Person		Area Code	Daytime Telephone Numbe	T 72		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
			\$155.00	Filing Fee & 🗏 \$160.00 Filin	ng Fee, Certifi Certified Copy		

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

IN COMPILANCE 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:

1. (Name of Foreign Limited Liability Company: must include "Limited Liability Company: ""L.L.C." or "LLC.")

(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Company,"	"L.L.C.," or "LLC.")	. •		_
If name unavailable, enter alternate r	ame adopted for the purpose of transacting business in Fl	orida. The alternate name m	ust include "Limited Liabili	ity Company," "L.I	C," or "	LLC.")
UTAH	hich foreign limited hability company is organized)	3	(FEI number,	of applicable)		
(Sursacion maga are in a or a	area rocago minor money company is organized)		(i ta mana)	, и адупского)		
l	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) nine penalty liability)				
1187 North 1200 West		1187 Nort	h 1200 West			•
(Street Address of Suite 300	Principal Office)	Suite 300	(Mailing Address	s)		
Orem, Utah 84057		Orem, Uta	h 85057	27.	ري دي	_
'. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		; ··· ; ···;	- 130 6	Married Marrie
Name:	Terry Welch	·			7 PH	\$ 2 1 1 1
Office Address:	4439 Twin Lakes Drive			; ;	£3	٠
	Melbourne	, FI	32934 orida			
	(City)		(Zip code)	_		

Registered agent's acceptance:

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]: Name and Address: Title or Capacity: Name and Address: **Title or Capacity:** Name: Terry Welch Manager Name: _____ 4439 Twin Lakes Drive Address: Member Member Address: Melbourne, Florida 32934 ☐ Authorized Authorized Person Person Other___ Other_____ Other__ Other___ Manager Manager Name: Name: Member Address: Address: _____ Authorized ☐ Authorized Person Person Other Other____ Other Other Manager Name: Name: Member ☐ 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. Signature of an authorized person Terry Welch Typed or printed name of signee



Utah Department of Commerce

Division of Corporations & Commercial Code 160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705

Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

10/03/2019 11419635-016010032019-3443364

CERTIFICATE OF EXISTENCE

Registration Number:

11419635-0160

Business Name:

HEAVENS LAKESIDE, LLC

Registered Date:

August 14, 2019

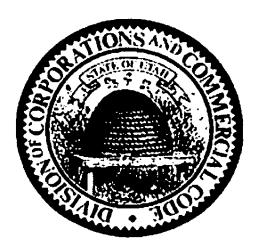
Entity Type:

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Eym Stup

Jason Sterzer
Director
Division of Corporations and Commercial Code