

COVER LETTER

Registration Section
Division of Corporations

Dragonfish IL, LLC - Series B

T: _____
Name of Limited Liability Company

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

turn all correspondence concerning this matter to the following:

Robert Fair

Name of Person

Dragonfish IL, LLC

Firm/Company

2321 E. 4th ST #C500

Address

Santa Ana, CA 92705

City/State and Zip Code

robertjf95@yahoo.com

E-mail address: (to be used for future annual report notification)

ther information concerning this matter, please call.

Robert Fair

714

566-5400

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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:

Dragonfish II, LLC - Series B

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

If unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

nois

jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

1 E. 4th ST #C500 (Street Address of Principal Office)

6. 2321 E. 4th ST #C500 (Mailing Address)

Santa Ana, CA 92705

Santa Ana, CA 92705

and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: My Realty Story LLC

Office Address: 601 Del Prado Blvd N #8

Cape Coral, Florida 33909 (City) (Zip code)

FILED 2020 JAN -6 P 3:06

agent's acceptance:

I named as registered agent and to accept service of process for the above stated limited liability company at the place of this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent.

(Registered agent's signature)

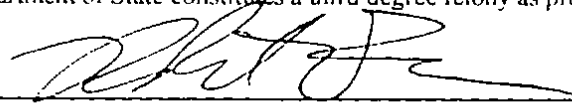
indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to six (6) total]:

<u>city:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
	Name: Robert Fair	<input type="checkbox"/> Manager	Name: _____
	Address: 2321 E. 4th ST #C500	<input type="checkbox"/> Member	Address: _____
ed	Santa Ana, CA 92705	<input type="checkbox"/> Authorized	_____
	_____	Person	_____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
er	Name: _____	<input type="checkbox"/> Manager	Name: _____
er	Address: _____	<input type="checkbox"/> Member	Address: _____
orized	_____	<input type="checkbox"/> Authorized	_____
on	_____	Person	_____
or	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
nager	Name: _____	<input type="checkbox"/> Manager	Name: _____
ember	Address: _____	<input type="checkbox"/> Member	Address: _____
uthorized	_____	<input type="checkbox"/> Authorized	_____
erson	_____	Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form

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)

I, _____, do hereby certify that 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

Robert Fair

 Typed or printed name of signee



all to whom these Presents Shall Come, Greeting:

esse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AGONFISH IL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 20, 2016, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF AGONFISH IL, LLC - SERIES B ON DECEMBER 15, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of DECEMBER A.D. 2019 .



esse White

SECRETARY OF STATE