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## COVER LETTER

TO:

JBJEC	Charles F. Engel & Associates, LLC					
,,,,,,,		Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.				
ease re	eturn all correspondence concerning this matter t	to the following:				
	Amber Kilpatrick					
		Name of Person				
	ILSA, Inc.					
	·	Firm/Company				
	111 N. Railroad St.					
	THE Name of St.	Address				
	Address					
	Groesbeck, TX 76642					
		ity/State and Zip Code				
	sslater@ilsaine.com					
	E-mail address: (to be	e used for future annual report notification)				
or furth	er information concerning this matter, please ca	11:				
Amber Kilpatrick		254 729-6106 at ( )				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF	PARTMENT OF STATE  re &  S155.00 Filing Fee &  S160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION (0)50902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	cociates, LLC Emited Enability Company; must include "Emited	Liability Company, "L.L.C.," or "LUC.")	
name unos aitable, erzer alternate r	name adopted for the purpose of granucting husiness in Flor	nds. The alternate name must include "Limsed Lubitsy Company," "L.L.C," or "LLC	
DE	-	83-4025456	
(Jurudation under the 'bw of a	high foreign immted limbility company is originized)	3. (FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to re (See sections 6/15,09/14 & 605,0905, F.S. to determin	g ntration.)	
1801 California Street, 24th Floor, #67		1801 California Street, 24th Floor, #67	
et Address of Principal Office)		6. (Mailing Address)	
Denver, CO 80202-265	8	Denver, CO 80202-2658	
Name:	Corporate Creations Network Inc.		
Office Address:	801 US Highway 1		
	North Palm Beach	Florida 7	
	(Cny)	(Zip code)	
	gistered agent and to accept service of pr	veess for the above stated limited liability company at the pregistered agent and agree to act in this capacity. I further	

## 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:
■Manager	Name: Charles Engel	⊠Manager	Name: Philip Gingell
□Member	Address: 1801 California Street,	□Member	Address:1801 California Street,
□Authorized	24th Floor, #67	□Authorized	24th Floor, #67
Person	Denver, CO 80202-2658	Person	Denver, CO 80202-2658
Other	Other	□Other	Other
■Manager	Charles Koehler Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	24th Floor, #67	□Authorized	
Person	Denver, CO 80202-2658	Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	-70 1 dd - nathausa a san
Other	□Other	□Other	□Other

<u>Important Notice</u>: 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.

- 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 ab authorized person

Philip J. Gingell

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHARLES F. ENGEL & ASSOCIATES, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHARLES F. ENGEL & ASSOCIATES, LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202143532

Date: 01-08-20