M200000319

(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:

Office Use Only



200340594262

02/20/20--01013--017 **130.00

PILED

020 FEB 20 PM 4: 10





COVER LETTER

TO:	Registration Section Division of Corporations	•	£			,
CHDI	Secur <u>e</u> Property Holdin	gs, LLC				
SUBJ	r.C (:	Name of Limite	ed Liability Cor	mpany		
	nclosed "Application by Foreig nce, and check are submitted to					
Please	return all correspondence cond	erning this matter to the follow	ving:			
	Michael A. Scott, I	isq.				
		Name o	f Person			
	The Dorcey Law F	irm, PLC		_	2020 TALL	
	10181-C Six Mile	Firm/Co Cypress Pkwy	ompany		FEB 20	1.
		Add	lress		PH F	4 h s 4 m = 4 m =
	Fort Myers, FL 33	966			1: 10 ORNO	
		City/State ar	nd Zip Code			
	registeredagent@doi	·				
	E	mail address: (to be used for f	uture annual re	port notification)		
For fu	rther information concerning th	is matter, please call:				
	Michael A. Scott	at (239	418-0169		
	Name of C	ontact Person	Area Code	Daytime Telephon	e 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 f Please make check payable t	ollowing amount; o: FLORIDA DEPARTMEN	IT OF STATE			
	□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fi Certified	-	0.00 Filing Fee status & Certific	

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

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

(Mading Address) 53025 1, F1, 33915	rapplicable 2020 FEB 20 PM 4: 10	
(Mading Address)	2020 FEB 20 PM 4: 1	1
53025	20 PM 4: 1	1
53025	20 PM 4: 1	1
53025	20 PM 4: 1	; ; ;
	CORT -	\$ \$ \$ \$
I, F1. 33915	LORID.	,
	<u> </u>	
33966 orida		
(Zip code)		
	orida(Zip code) we stated limited li and agree to act in	33966 Orida (Zip code) we stated limited liability comp and agree to act in this capacit formance of my duties, and I an

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: Peter F. Simeone, Jr. Name: _____ Manager Manager Manager Member Address: Member Address: P.O. Box 153025 ■Authorized Authorized Cape Coral, FL 33915 Person Person Other Other Other_ Manager Manager Manager Name: _____ ☐ Member Address: ☐ Member Address: ■ Authorized Authorized Person Person Other____ Other Other___ Other Name: ______ Manager Name: ______ Manager Manager Member Address: 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.

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

SS.

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING do hereby certify that according to the records of this office,

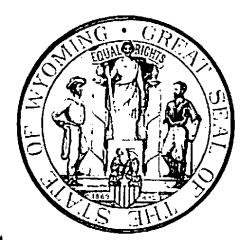
Secure Property Holdings LLC is a Limited Liability Company

Feb 20 PH 4: 10
ANASSEE, FLORIDA

formed or qualified under the laws of Wyoming did on **January 13, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000894758**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of February, 2020 at 5:02 PM.



Edware X. Bulum

Secretary of State

By Licole Martinez

Nicole Martinez