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SECRETARY OF STATIONAL ANASSEE FLORING



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TO:	Registration Section
	Division of Corporations

ID IF CT	RESURRECTING PROPERTIES, I	LLC
IRICAT.		

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Myriam (Chery				
	Name	of Person		SEL TALL	
RESURF	RECTING PR	OPER'	TIES, I	2020 APR 17	
- 	Firm/	Company	,		1
170 NE	135th St			PH 3: 20 or State EE, FLORID	
	A	ddress		20 RID	
North Mi	ami, FL 3316	31		<i>y</i> -	
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Myriam Cher Name of Co MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314 Enclosed is a check for the fereign process.	-mail address: (to be used for its matter, please call: y ontact Person following amount:	Area Code	527-6 Daytime STREET ADI Division of Co Registration So Clifton Buildir 2661 Executive Tallahassee, Fl	RESS: orporations ection ng e Center Circle	Certi

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

IN 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:

	NG PROPERTIES, LLC Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate na	ame adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited Liability Company," "L.E.C." or "LLC.")
, Nevada		3
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	(FEI number, Euphicable D)
4	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determin	rgistration.)
5. 170 NE 13	5th St	₆ 170 NE 135th St ₹
North Miam		North Miami, FL 33161
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)
Name:	Registered Agents	s Inc.
Office Address:	7901 4th St N STE	- 300
	St. Petersburg	, Florida 33702
designated in this applicate to comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as	(Zip code) rocess for the above stated limited liability company at the place registered agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am familiar with
	(Registered agent's si	grature)

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: Melynda Chery Name: Myriam Chery ✓ Manager ✓ Manager Address: 170 NE 135th St Address: 170 NE 135th St Member Member North Miami, FL 33161 North Miami, FL 33161 Authorized Authorized Person Person Other____ Other____ Other Other Manager Manager Name: _____ Member ☐ Member Address: Authorized Authorized Person Person Other Other Other Manager Name: _____ Name: 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.

Myriam Chery

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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, **RESURRECTING PROPERTIES, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/03/2020, and is in good standing in this state.

Certificate Number: B20200413724042

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/13/2020.

Barbara K. Cegarske BARBARA K. CEGAVSKE

Secretary of State