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**Foreign Limited Liability Company
Synergy Blue LLC**

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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:

1. Synergy Blue LLC, A Limited Liability Company of the Augustine Band of Cahuilla Indians
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name 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.")

2. Tribal Lands (Augustine Tribe, California) NV 46-1764511
(Jurisdiction under the law of which foreign limited liability company is organized.) (FEI number, if applicable)

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

5. 8379 W Sunset, Suite 210 8379 W Sunset, Suite 210
(Street Address of Principal Office) (Mailing Address)

Las Vegas, Nevada 89113 Las Vegas, Nevada 89113

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: Kimberly Laughrey C T Corporation System
Kimberly Laughrey- Asst. Secretary
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Georg Washington</u>	<input type="checkbox"/> Manager	Name: <u>Augustine Band of Cahuilla Indians</u>
<input checked="" type="checkbox"/> Member	Address: <u>8379 W Sunset Rd, #210</u>	<input type="checkbox"/> Member	Address: <u>84-481 AVENUE 54</u>
<input type="checkbox"/> Authorized	<u>Las Vegas, Nevada 89113</u>	<input type="checkbox"/> Authorized	<u>Coachella, CA, 92236</u>
Person	_____	Person	<u>Amanda Vance, Chairperson</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> 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.

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.

/s/ Georg Washington

Signature of an authorized person


Georg Washington

Typed or printed name of signer

STATEMENT OF GOOD STANDING

Synergy Blue LLC, A Limited Liability Company of the Augustine Band of Cahuilla Indians (the "Company") was formed in California on the sovereign land of the Augustine Band of Cahuilla Indians therefore not required to file incorporation documents with the California Secretary State. As managing member, I attest that the Company is current and in good standing with the the Augustine Tribe of Cahuilla Indians tribe.

The Company is also registered as a Foreign Limited Liability Company with the State of Nevada. Attached is a *Certificate of Existence with Status in Good Standing* as issued by the Nevada Secretary of State's Office.



Georg Washington, CEO/Managing Member
Synergy Blue LLC, A Limited Liability Company of the
Augustine Band of Cahuilla Indians

Date 6/11/2020

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 standing Revised Statutes which are either presently in a status of good standing or were in good 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, **SYNERGY BLUE LLC, A LIMITED LIABILITY COMPANY OF THE AUGUSTINE BAND OF CAHUILLA INDIANS**, as a **FOREIGN LIMITED-LIABILITY COMPANY** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/11/2019, and is in good standing in this state.

I further certify that the above **FOREIGN LIMITED-LIABILITY COMPANY** has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/09/2020.

BARBARA K. CEGAVSKE
Secretary of State



Certificate Number: B20200609847101

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