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(Requestor's Name)			
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
	 			

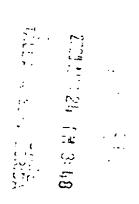
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COVER LETTER

	Registration Section Division of Corporations					
SUBJECT	T: Penland Properies, 1	-hC				
	Name of L	imited Liability Company				
		any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida.				
Please retu	arn all correspondence concerning this matter to the	-				
	Chois Penlan	A.				
Name of Person						
	Calrad Coperti	of LLC				
		······································				
	2516 Bayview	Duiso : 53				
		Address				
	Fort Landerdale, FI	33305				
Fort Landerdale, FL 33305 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
	E-mail address: (to be used	for future annual report notification)				
For further	information concerning this matter, please call:					
_	Name of Contact Person	at (208) 4/2.3972 Area Code Daytime Telephone Number				
	Name of Contact Person	Area Code Daytime Telephone Number				
R D P	lailing Address: Legistration Section Division of Corporations LO. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Pl	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEPART 3 \$125.00 Filing Fee	☐ \$155.00 Filing Fee & \$\fomega \$\fomega \$\fomega\$ \$\fo				

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

	TION 605,0902, FLORIDA STATUTES, THE FO SINESS INTHE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGISTER A FORE	IGN TIMITED LIABILITY	
1	Periland Reportion	ill		
	$0 \times 1 \times 1$	d Liability Company," "L.L.C.," or "L.L.C.") lorida. The alternate name must include "Limited Liability Compa		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in FI	lorida. The alternate name must include "Limited Liability Compa	iny," "L.L.C," or "LLC ")	
2. Idaho		3. 81 - 4897750 (FEI number, if applical		
(Jurisdiction under the law of which foreign limited liability company is organized) 3. ((FEI number, if applicable)				
4.			23	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration) me penalty hability)	ن فت جور ب	
5. 4510 Bay (Street Address of Principal Office)	view Drive	registration) une penalty liability) 6. 3510 Bayvicu D (Mailing Address)	<u>. </u>	
Fort Landerdal		For Landerdain, FL	-	
	•		39 	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Chile Benfend			
Office Address:	3516 Bayria De	110		
	Fort LANdridel	. Florida <u>33305</u> (Z.p. code)		
designated in this applicate to comply with the provision	tance: gistered agent and to accept service of pion, I hereby accept the appointment a	process for the above stated limited liability of series registered agent and agree to act in this cape and complete performance of my duties, an	pacity. I further agree	

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: □Manager Member □Member Address: □ Authorized □ Authorized Person Person ☐ Other_____ Other_____ Other_____ □Other □ Manager Name: □Manager □Member □Member Address: □ Authorized □ Authorized Person Person □Other □Other □Other □Manager Name: Address: _____ □ Member ☐ 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. Signature of an authorized person

Typed or printed name of signee



STATE OF IDAHO

Lawerence Denney | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 Boise, ID 83720

Issuance Date: 08/20/2020

August 20, 2020

Request Type: Certificate of Existence/Filing

Request #:

0003976371

Receipt #:

000372305

Regarding:

PENLAND PROPERTIES, LLC

Filing Type:

Limited Liability Company (D)

Formation/Qualification Date: 01/03/2017

Status: **Duration Term:** Active-Existing Perpetual

File#:

Formation Locale: IDAHC

Copies Requested:

Inactive Date:

Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

PENLAND PROPERTIES, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 008770727

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov