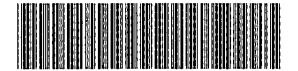
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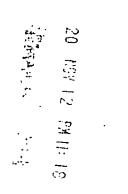
(Re	equestor's Name)			
(Ac	ldress)			
(Ad	ldress)			
(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:

Registration Section

> Div	vision of Corporations	2
SUBJECT:	Turley International Resources LLC	
		Name of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please return	n all correspondence concerning this m	atter to the following:
	Mary Bates	
		Name of Person
	State Tax Advisors	
		Firm/Company
	23740 Woodford Place Dr.	
		Address
	Kingwood, Texas 77339	City/State and Zip Code
		City/State and Zip Code
	Turleynew@statetaxadvisors.com	
	E-mail address:	(to be used for future annual report notification)
For further i	information concerning this matter, plea	ase call:
Ma	ary Bates	832 6446248 at ()
	Name of Contact Person	
Re Di P.0	egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ple	closed is a check for the following amorate make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 Filing Certification	A DEPARTMENT OF STATE

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:

1. Turley International Re				
(Name of Foreign	Limited Liability Company, must include "Limite	d Liability Compar	y," "LLC.," or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida. The alternate n	ame must include "Limited Lial	bility Company," "L.L.C," or "Lt.C.")
Delaware 2.		85-15	16542	
(Jurisdiction under the law of w	hich foreign lumited liability company is organized)	• • • • • • • • • • • • • • • • • • • •	() El numbe	r, if applicable)
4.				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determ	registration) ir e penalty hability)		
4322 S. 80th Street		4377 S	. 80th Street	
(Street Address of Principal Office)		0. <u>(M</u>	ailing Address)	
Mesa, AZ 85212		Mesa, A	AZ 85212	
*				
				·
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT_acceptat	ole)	
				** 120 ************************************
Name:	CT Corporation System			10 Kg
Name.				8 7
Office Address:	1200 South Pine Island Road			
	Plantation		33324	
	(Cus)		, Florida(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.

Christine Kelm, Asst. Secretary
(Registered agent's a gradure)

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: Mark Turley	□Manager	Name: Laurence Turley
≘ Member	Address: 4322 S. 80th Street	■Member	Address: 4322 S. 80th Street
□Authorized	Mesa, AZ 85212	□Authorized	Mesa, AZ 85212
Person		Person	
Other	Other	Other	Other
□Manager	Fairfield TIR, Inc.	□Manager	Name:
■Member	Address: 4322 S. 80th Street	□Member	Address:
□Authorized	Mesa, AZ 85212	□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□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. 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.

Mark Turley, Member

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TURLEY INTERNATIONAL RESOURCES 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 SECOND DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TURLEY INTERNATIONAL RESOURCES LLC" WAS FORMED ON THE THIRD DAY OF JUNE, A.D. 2020.

Authentication: 203781827

Date: 10-02-20