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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2021

JAMES BARTKETT  
2158 SW BALATA TERRACE  
PALM CITY, FL 34990

SUBJECT: CET2, LLC  
Ref. Number: W21000124963

We have received your document for CET2, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 021A00022309

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CET2, LLC  
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:

JAMES BARTLETT  
Name of Person

CET2, LLC  
Firm/Company

2158 SW BALATA TERRACE  
Address

PALM CITY, FL 34990  
City/State and Zip Code

LAKE05@MSN.COM ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES BARTLETT at ( 618 ) 558-2369  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. CET2, LLC  
(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. NEVADA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-2363657  
(EIN number, if applicable)

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

5. 6546 NW SELVITZ RD  
(Street Address of Principal Office)

6. 2158 SW BALATA TERR  
(Mailing Address)

PORT ST. LUCIE, FL 34983

PALM CITY, FL 34990

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

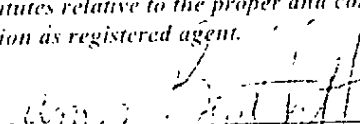
Name: JAMES BARTLETT

Office Address: 2158 SW BALATA TERR

PALM CITY, Florida 34990  
(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.

  
(Registered agent's signature)

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TALLAHASSEE, FL

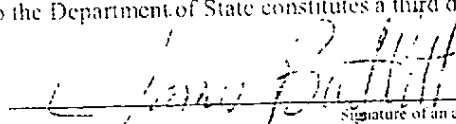
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

| <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:    | JAMES BARTLETT                 | <input type="checkbox"/> Manager    | Name:                          | _____                    |
| <input type="checkbox"/> Member             | Address: | 2158 SW BALATA TERRACE         | <input type="checkbox"/> Member     | Address:                       | _____                    |
| <input type="checkbox"/> Authorized         |          | PALM CITY, FL 34990            | <input type="checkbox"/> Authorized |                                | _____                    |
|   | Person   | _____                          |                                     | Person                         | _____                    |
| <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"/> 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 | _____                    |

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.

  
 \_\_\_\_\_  
 Signature of an authorized person

JAMES BARTLETT

\_\_\_\_\_  
 Typed or printed name of signer

# 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, **CET2, 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 08/25/2021, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) 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 10/06/2021.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202110062051171

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