

STATE OF NEVADA

BARBARA K. CEGAVSKE

Secretary of State

KIMBERLEY PERONDI

*Deputy Secretary
for Commercial Recordings*



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division

*202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138*

Scott Anderson

NV

Job:C20170324-2115

March 24, 2017

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Entity Copies	00010588849-13		25	\$0.00	\$0.00
Copies - Certification of Document	00010588849-13		1	\$0.00	\$0.00
Total					\$0.00

Payments

Type	Description	Amount
Total		\$0.00

Credit Balance: \$0.00

Job Contents:

NV Corp Certified Copy Request Cover 1
Letter(s):

Scott Anderson

NV

STATE OF NEVADA

BARBARA K. CEGAVSKE

Secretary of State

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Commercial Recordings Division

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OFFICE OF THE
SECRETARY OF STATE

Certified Copy

March 24, 2017

Job Number: C20170324-2115

Reference Number: 00010588849-13

Expedite:

Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
LLC13379-2001-001	Articles of Organization	1 Pages/1 Copies
LLC13379-2001-005	Initial List	1 Pages/1 Copies
LLC13379-2001-004	Annual List	1 Pages/1 Copies
LLC13379-2001-002	Annual List	1 Pages/1 Copies
LLC13379-2001-003	Registered Agent Change	1 Pages/1 Copies
20050003836-87	Annual List	1 Pages/1 Copies
20050003837-98	Resignation of Officers	1 Pages/1 Copies
20050141427-56	Amended List	1 Pages/1 Copies
20050464697-53	Registered Agent Change	1 Pages/1 Copies
20060001973-28	Annual List	1 Pages/1 Copies
20060840058-23	Annual List	1 Pages/1 Copies
20070818664-12	Annual List	1 Pages/1 Copies
20080804588-13	Annual List	1 Pages/1 Copies
20090881915-23	Annual List	1 Pages/1 Copies
20100916111-82	Annual List	1 Pages/1 Copies
20110110728-73	Registered Agent Resignation	3 Pages/1 Copies
20110110730-16	Registered Agent Change	1 Pages/1 Copies
20110876703-05	Annual List	1 Pages/1 Copies
20120860827-86	Annual List	1 Pages/1 Copies
20130797222-45	Annual List	1 Pages/1 Copies
20140828833-29	Annual List	1 Pages/1 Copies
20150542857-69	Annual List	1 Pages/1 Copies
20160495778-19	Annual List	1 Pages/1 Copies

Commercial Recording Division

*202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138*



Certified By: Diane Seeber
Certificate Number: C20170324-2115
You may verify this certificate
online at <http://www.nvsos.gov/>

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

12/05/01 18:38:16

Please Deliver To:->

782 434 1644 STATE OF NEVADA

Page 002

FILED # LLC13374-01

DEAN HELLER
Secretary of State

202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 6708



Other Use Only

DEC 07 2001

IN THE OFFICE OF
Dean Heller
DEAN HELLER SECRETARY OF STATE

Important: Read attached instructions before completing form.

1. Name of Limited Liability Company:	Capital Seven, LLC			
2. Resident Agent Name and Street Address: <small>(must be a Nevada address where process may be served)</small>	Sandy Marr Name 1055 E. Tropicana, #700 Las Vegas, NEVADA 89119 Street Address City State Zip Code			
3. Dissolution Date: <small>(OPTIONAL - see instructions)</small>	Latest date upon which the company is to dissolve (if existence is not perpetual): 12-7-2031			
4. Management: <small>(check one)</small>	Company shall be managed by <input checked="" type="checkbox"/> Manager(s) OR <input type="checkbox"/> Members			
5. Names, Addresses, of Manager(s) or Members: <small>(attach additional pages if there are more than 2 managers)</small>	Shawn Scott Name 1055 E. Tropicana, #700 Las Vegas, NV 89119 Street Address City State Zip Code			
	Name Street Address City State Zip Code			
	Name Street Address City State Zip Code			
6. Other Matters: <small>(see instructions)</small>	Number of additional pages attached: _____			
6. Names, Addresses and Signatures of Organizers: <small>(attach additional pages if there are more than 2 organizers)</small>	Sandy Marr Name 1055 E. Tropicana, #700 Las Vegas, NV 89119 Address City State Zip Code			
	Name Signature Address City State Zip Code			
	Name Signature Address City State Zip Code			
7. Certificate of Acceptance of Appointment of Resident Agent:	I, Sandy Marr hereby accept appointment as Resident Agent for the above named limited liability company. Authorized Signature of R.A. or On Behalf of R.A. Company Date 12/7/01			

This form must be accompanied by appropriate fees. See attached fee schedule.

Nevada Secretary of State Form LLCART1000-01
Revised on: 07/24/01

12/07/2001 11:56 AM CH9295 EX02-000-37350

INITIAL LIST OF MANAGERS OR MEMBERS

FILE NUMBER

Capital Seven, LLC

LLC 13379-01

(Name of Limited-Liability Company)

A Nevada LIMITED-LIABILITY COMPANY

(State of Formation)

FOR THE FILING PERIOD 12/7/01 TO 12/7/02

The Limited-Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is:

Sandy Marr
1055 E. Tropicana, #700
Las Vegas, NV 89119

Office Use Only

165
2001C
185

FILED #

JAN 10 2002

IN THE OFFICE OF
DEAN HELLER SECRETARY OF STATE

Important: Read instructions before completing this form.

1. Print or type names and addresses, either residence or business, for all managers, or if none, its members. A manager, or if none, a member of the company must sign the form.
FOR WILL BE RETURNED IF UNSIGNED.
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$165.00 filing fee. A \$50.00 penalty must be added for failure to file this form by the 1st day of the 2nd month following organization date.
4. Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business. If you need a receipt, return page 2 certificate and **ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE**. To receive a certified copy, enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-6703.

FILING FEE: \$165.00

LATE PENALTY: \$50.00

THIS FORM MUST BE FILED BY THE 1ST DAY OF THE 2ND MONTH FOLLOWING INCORPORATION DATE

NAME	STREET ADDRESS	CITY	ST.	ZIP	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)
Shawn Scott	1055 E. Tropicana, 700	Las Vegas	NV	89119	<input checked="" type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER
NAME	STREET ADDRESS	CITY	ST.	ZIP	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)
					<input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER
NAME	STREET ADDRESS	CITY	ST.	ZIP	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)
					<input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER
NAME	STREET ADDRESS	CITY	ST.	ZIP	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)
					<input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER
NAME	STREET ADDRESS	CITY	ST.	ZIP	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)
					<input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER
NAME	STREET ADDRESS	CITY	ST.	ZIP	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)
					<input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER

I declare, to the best of my knowledge, under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

X Signature of officer

Title(s)

Manager

Date

1-04-02

ANNUAL LIST OF MANAGERS OR MEMBERS OF:
CAPITAL SEVEN, LLC

FILE NUMBER

FOR THE PERIOD DEC 2002 TO 2003. DUE BY DEC 31, 2002.
The Limited-Liability Company's duly appointed resident agent in the State of Nevada
upon whom process can be served is:

13379-2001

RA# 104786

SANDY MARR

1055 E TROPICANA #700
LAS VEGAS NV 89119

FOR OFFICE USE ONLY
FILED (DATE)

00103-135



FILED

JAN 13 2003

Dean Heller
Secretary of State

☐ IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF
RESIDENT AGENT ADDRESS FORM WILL BE SENT

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all managers, or if none, its members. Last year's information has been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. A manager, or if none, a member of the company must sign the form.
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$25.00 filing fee. A \$40 penalty must be added for failure to file this form by the deadline indicated at the top of this form. An annual fee received more than 60 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. If you need a receipt, enclose a self-addressed stamped envelope. To receive a certified copy, enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 262 N. Carson St., Carson City, NV 89701-4201 (775) 684-5708.

FILING FEE: \$25.00

PENALTY: \$50.00

SHAWN SCOTT

MANAGER

STREET ADDRESS

1055 E TROPICANA #700

TITLE(S)

(Document will be rejected if Title not indicated)
☐ MANAGER ☒ MEMBER

CITY
LAS VEGAS

ST. NV
ZIP 89119

(Document will be rejected if Title not indicated)
☐ MANAGER ☐ MEMBER

CITY

ST. ZIP

(Document will be rejected if Title not indicated)
☐ MANAGER ☐ MEMBER

CITY

ST. ZIP

(Document will be rejected if Title not indicated)
☐ MANAGER ☐ MEMBER

CITY

ST. ZIP

(Document will be rejected if Title not indicated)
☐ MANAGER ☐ MEMBER

CITY

ST. ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

X Signature of Manager or Member

Shawn Scott

Date

1-8-03

01/13/2003 11:30A RRT155 PRO-000-49251

JAN. 12. 2004. 12:42PM

TOTAL MANAGEMENT 702-434-1644

RECEIVED NO. 6317 P. 2

ANNUAL LIST OF MANAGERS OR MEMBERS OF:

CAPITAL SEVEN, LLC

FILE NUMBER

13379-2001

FOR THE PERIOD DEC 2003 TO 2004. DUE BY DEC 31, 2003.
 The Limited-Liability Company's duly appointed resident agent in the State of Nevada
 upon whom process can be served is:

RA# 104786

SANDY MARR

1055 E TROPICANA #700
 LAS VEGAS NV 89119

FOR OFFICE USE ONLY

FILED (DATE)

200
 500 24hr
 700 EXP
 FILED #



JAN 12 2004

IN THE OFFICE OF

DEAN HELLER SECRETARY OF STATE

☐ IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF
 RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all managers, or if none, its members. Last year's information has been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. A manager, or if none, a member of the company must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201. (775) 694-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$125.00

PENALTY: \$75.00

NAME SHAWN SCOTT	TITLE(S)	(Document will be rejected if Title not indicated)		
SHAWN SCOTT		<input type="checkbox"/> MANAGER	<input checked="" type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP
MEMBER	1055 E TROPICANA #700	LAS VEGAS	NV	89119
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP

01/13/2004 11:44 AM 13379-2001

13379-2001-57886

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.760 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

01055A2



DEAN HELLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708
Website: secretaryofstate.biz

**Certificate of Change of Resident
Agent and/or Location of Registered
Office**

General instructions for this form:

1. Please print legibly or type; Black Ink Only.
2. Complete all fields.
3. The physical Nevada address of the resident agent must be set forth; PMB's are not acceptable.
4. Ensure that document is signed in signature fields.
5. Include the filing fee of \$50.00.

ABOVE SPACE IS FOR OFFICE USE ONLY

60
25
FILED #
JUL 27 2004
IN THE OFFICE OF
DEAN HELLER, SECRETARY OF STATE

Capital Seven, LLC
Name of Entity

LLC13379-2001
File Number

The change below is effective upon the filing of this document with the Secretary of State.

Reason for change: (check one) ☐ Change of Resident Agent ☐ Change of Location of Registered Office

The former resident agent and/or location of the registered office was:

Resident Agent: Sandy Marr
Street No.: 1055 EAST TROPICANA AVENUE STE. 700
City, State, Zip: LAS VEGAS, NEVADA 89119

The resident agent and/or location of the registered office is changed to:

Resident Agent: PRISCILLA GARVIN 168597
Street No.: 3720 WAYNESVILL
City, State, Zip: LAS VEGAS, NEVADA 89122

Optional Mailing Address: _____

NOTE: For an entity to file this certificate, the signature of one officer is required.

X [Signature]
Signature/Title

Certificate of Acceptance of Appointment by Resident Agent:

I hereby accept the appointment as Resident Agent for the above-named business entity.

X [Signature]
Authorized Signature of R.A. or On Behalf of R.A. Company

JULY 26, 2004
Date

This form must be accompanied by appropriate fees. See attached fee schedule.

Nevada Secretary of State RA Change 2003
Revised on: 11/19/03

ANNUAL LIST OF MANAGERS OR MEMBERS OF

CAPITAL SEVEN, LLC

- AMENDED -

FILE NUMBER

13379-2001

FOR THE PERIOD DEC 2004 TO 2005. DUE BY DEC 31, 2004.

The Limited- Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is:

RA# 168597

FOR OFFICE USE ONLY

FILED (DATE)

PRISCILLA GARVIN

3720 WAYNESVILLE
LAS VEGAS NV 89122

Filed in the office of

Dean Heller
Secretary of State
State of Nevada

Document Number

20050003836-87

Filing Date and Time

02/10/2005 2:17 PM

Entity Number

LLC13379-2001

☐ IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all managers, or if none, its members. Last year's information has been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. A manager, or if none, a member of the company must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201. (775) 684-5708.
6. Forms must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$125.00

PENALTY: \$75.00

NAME Hoolae Paoa	TITLE(S) MANAGER	(Document will be rejected if Title not indicated)	
ST. NV	ZIP 89119		
ADDRESS 17 Strand	CITY Fredericksted		
ST. NV	ZIP 89119		
P.O. BOX 7777	ADDRESS 1055 E TROPICANA #700		
NAME SHAWN SCOTT	TITLE(S) MEMBER	(Document will be rejected if Title not indicated)	
ST. NV	ZIP 89119		
ADDRESS 17 Strand	CITY Fredericksted		
ST. NV	ZIP 89119		
P.O. BOX 7777	ADDRESS 1055 E TROPICANA #700		
NAME SHAWN SCOTT	TITLE(S) MEMBER	(Document will be rejected if Title not indicated)	
ST. NV	ZIP 89119		
ADDRESS 17 Strand	CITY Fredericksted		
ST. NV	ZIP 89119		
P.O. BOX 7777	ADDRESS 1055 E TROPICANA #700		
NAME SHAWN SCOTT	TITLE(S) MEMBER	(Document will be rejected if Title not indicated)	
ST. NV	ZIP 89119		
ADDRESS 17 Strand	CITY Fredericksted		
ST. NV	ZIP 89119		
P.O. BOX 7777	ADDRESS 1055 E TROPICANA #700		

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 260.780 and acknowledge that pursuant to NRS 298.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Manager or Managing Member

Date

DISSEMINATED
REV 07/0


ALPHANUMERIC

01/05/2005 09:50 FAX 8407125641



DEAN HELLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708
Website: secretaryofstate.biz

**Certificate of Resignation of Officer,
Director, Manager, Member, General
Partner, Trustee or Subscriber**

Filed in the office of  Dean Heller Secretary of State State of Nevada	Document Number 20050003837-98
	Filing Date and Time 02/10/2005 2:17 PM
	Entity Number LLC13379-2001

Important. Read attached instructions before completing form.

ABOVE SPACE IS FOR OFFICE USE ONLY

**Certificate of Resignation of
Officer, Director, Manager, Member,
General Partner, Trustee or Subscriber**

1. The name and title(s) of person that desires to resign:

Shawn Scott

(Name)

Manager and Member

(Title(s))

2. The name and file number of the entity for which resignation is being made:

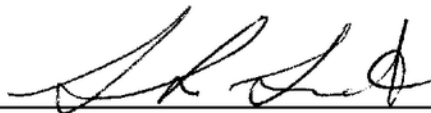
Capital Seven, LLC

(Name of Entity)

13379-2001

(File Number)

3. Signature: _____



4. Fee: \$75.00 per entity.

This form must be accompanied by appropriate fees.

Nevada Secretary of State Resignation of Officer 2003
Revised on: 11/11/03

ANNUAL LIST OF MANAGER OR MEMBERS AND RESIDENT AGENT OF

FILE NUMBER

Capital Seven, LLC

---AMENDED---

13379-2001

(Name of Limited-Liability Company)

FOR THE FILING PERIOD OF December 2004 TO December 2005

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

Priscilla Garvin
3720 Waynesville St.
Las Vegas, NV 89122



CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR RESIDENT AGENT INFORMATION

Filed in the office of

Dean Heller
Dean Heller
Secretary of State
State of Nevada

Document Number

20050141427-56

Filing Date and Time

04/19/2005 6:43 PM

Entity Number

LLC13379-2001

Important: Read instructions before completing and returning this form.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

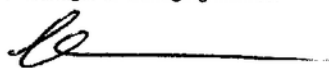
1. Print or type names and addresses, either residence or business, for all managers, or if none, its members. A Manager, or if none, a **Managing Member of the company** must sign the form. *FORM WILL BE RETURNED IF UNSIGNED*
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the **Secretary of State**. Your cancelled check will constitute a certificate to transact business. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 897014201, (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE \$125.00 LATE PENALTY: \$75.00

NAME Hoolae Paoa		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input checked="" type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER	
ADDRESS Box 7777, 18 Strand	CITY Frederiksted	ST VI	ZIP 00841
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER	
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER	
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER	
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER	
ADDRESS	CITY	ST	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Manager or Managing Member

Title ManagerDate 3/1/05

Reset

Nevada Secretary of State Form ANNUAL LIST-LLC 2003
Revised on 08/24/03

Oct 04 2005 6:38PM

p. 1



DEAN HELLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5700
Website: secretaryofstate.biz

Filed in the office of <i>Dean Heller</i> Dean Heller Secretary of State State of Nevada	Document Number 20050464697-53
	Filing Date and Time 10/06/2005 8:00 AM
	Entity Number LLC13379-2001

**Certificate of Change of Resident Agent and/or
Location of Registered Office**

General Instructions for this form:

1. Please print legibly or type; Black Ink Only.
2. Complete all fields.
3. The Physical Nevada address of the resident agent must be set forth; P.M.B.'s are not acceptable.
4. Ensure that document is signed in signature fields.
5. Include the filing fee of \$60.00.

ABOVE SPACE IS FOR OFFICE USE ONLY

CAPITAL SEVEN, LLC

Name of Entity

LLC13379-2001

File Number

The change below is effective upon the filing of this document with the Secretary of State.

Reason for change: (check one) ☒ Change of Resident Agent ☐ Change of Location of Registered Office

The former resident agent and/or location of the registered office was:

Resident Agent: PRISCILLA GARVIN

Street No.: 3720 WAYNESVILLE

City, State, Zip: LAS VEGAS, NV 89122

The resident agent and/or location of the registered office is changed to:

Resident Agent: SANDY MARR

Street No.: 379 TIERRAS BLANCOS CT

City, State, Zip: LAS VEGAS, NV 89138

Optional Mailing Address:

NOTE:

For an entity to file this certificate, the signature of one officer is required.

X *[Signature]* Manager
Signature/Title

Certificate of Acceptance of Appointment by Resident Agent

I hereby accept the appointment as Resident Agent for the above-named business entity.

X *[Signature]*
Authorized Signature of R.A. or On Behalf of R.A. Company

10/4/05

Date

This form must be accompanied by appropriate fees.

Nevada Secretary of State RA Change 2003
Revised on 11/13/03

ANNUAL LIST OF MANAGER OR MEMBERS AND RESIDENT AGENT OF

FILE NUMBER

CAPITAL SEVEN, LLC

LLC13379-2001

(Name of Limited-Liability Company)

FOR THE FILING PERIOD OF 12/2005

TO: 12/2006

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

SANDY MARR
379 TIERRAS BLANCOS CT
LAS VEGAS, NV 89138

Filed in the office of

Dean Heller

Dean Heller
Secretary of State
State of Nevada

Document Number

20060001973-28

Filing Date and Time

01/03/2006 11:03 PM

Entity Number

LLC13379-2001

☐ CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR RESIDENT AGENT INFORMATION

(This document was filed electronically.)

Important: Read instructions before completing and returning this form.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

1. Print or type names and addresses, either residence or business, for all managers, or if none, its members. A Manager, or if none, a **Managing Member of the company** must sign the form. *FORM WILL BE RETURNED IF UNRECORDED*
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the **Secretary of State**. Your cancelled check will constitute a certificate to transact business. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE \$125.00 LATE PENALTY \$75.00

NAME HOOLAE PAOA		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER
ADDRESS 426 STRAND	CITY FREDERIKSTED	ST VI	ZIP 00840
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER
ADDRESS	CITY	ST	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 860.780 and acknowledge that pursuant to NRS 239.380 it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Manager or Managing Member
HOOLAE PAOA

Title MANAGER

Date 1/3/2006 10:29:20 PM

ANNUAL LIST OF MANAGER OR MANAGING MEMBERS AND RESIDENT AGENT OF CAPITAL SEVEN, LLC

FILE NUMBER

LLC13379-2001

(Name of Limited-Liability Company)

FOR THE FILING PERIOD OF 12/2006

TO: 12/2007

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

SANDY MARR
379 TIERRAS BLANCOS CT
LAS VEGAS, NV 89138

Filed in the office of

Dean Heller

Dean Heller
Secretary of State
State of Nevada

Document Number

20060840058-23

Filing Date and Time

12/30/2006 10:33 PM

Entity Number

LLC13379-2001

☐ CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR RESIDENT AGENT INFORMATION

(This document was filed electronically.)

THE ABOVE SPACE IS FOR OFFICE USE ONLY

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6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE \$125.00 LATE PENALTY \$75.00

NAME HOOLAE PAOA		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS 426 STRAND	CITY FREDERIKSTED	ST VI	ZIP 00840
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 860.780 and acknowledge that pursuant to NRS 239.380 it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Manager or Managing Member
HOOLAE PAOA

Title MANAGER

Date 12/30/2006 10:17:23 PM

Nevada Secretary of State Form ANNUAL LIST-LLC 09/04
Revised on 08/10/05

ANNUAL LIST OF MANAGER OR MANAGING MEMBERS AND RESIDENT AGENT OF CAPITAL SEVEN, LLC

FILE NUMBER

LLC13379-2001

(Name of Limited-Liability Company)


FOR THE FILING PERIOD OF 12/2007

TO: 12/2008

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

SANDY MARR
379 TIERRAS BLANCOS CT
LAS VEGAS, NV 89138

Filed in the office of


Ross Miller
Secretary of State
State of Nevada

Document Number

20070818664-12

Filing Date and Time

12/03/2007 3:03 PM

Entity Number

LLC13379-2001

☐ CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR RESIDENT AGENT INFORMATION

(This document was filed electronically.)

THE ABOVE SPACE IS FOR OFFICE USE ONLY

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6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE \$125.00 LATE PENALTY \$75.00

NAME HOOLAE PAOA		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS PMB 29 BOX 10001, USA	CITY SAIPAN	ST MP	ZIP 96950
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 860.780 and acknowledge that pursuant to NRS 239.380 it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Manager or Managing Member
HOOLAE PAOA

Title MANAGER

Date 12/3/2007 3:01:28 PM

ANNUAL LIST OF MANAGER OR MANAGING MEMBERS AND REGISTERED AGENT OF CAPITAL SEVEN, LLC

FILE NUMBER

LLC13379-2001

(Name of Limited-Liability Company)

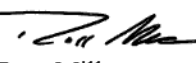
FOR THE FILING PERIOD OF 12/2008

TO: 12/2009

The corporation's duly appointed registered agent in the State of Nevada upon whom process can be served is:

SANDY MARR
379 TIERRAS BLANCOS CT
LAS VEGAS, NV 89138

Filed in the office of


Ross Miller
Secretary of State
State of Nevada

Document Number

20080804588-13

Filing Date and Time

12/10/2008 7:31 PM

Entity Number

LLC13379-2001

☐ CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR REGISTERED AGENT INFORMATION

(This document was filed electronically.)

THE ABOVE SPACE IS FOR OFFICE USE ONLY

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5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.
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FILING FEE \$125.00 LATE PENALTY \$75.00

NAME HOOLAE PAOA		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS PMB 29 BOX 10001, USA	CITY SAIPAN	ST MP	ZIP 96950
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	ST	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 860.780 and acknowledge that pursuant to NRS 239.380 it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Manager or Managing Member
HOOLAE PAOA

Title MANAGER

Date 12/10/2008 7:25:19 PM

**ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

CAPITAL SEVEN, LLC

LLC13379-2001

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF 12/2009 TO 12/2010



110401

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

SANDY MARR
379 TIERRAS BLANCOS CT
LAS VEGAS, NV 89138

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number
	20090881915-23
	Filing Date and Time
	12/23/2009 7:34 PM
	Entity Number
	LLC13379-2001

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A **Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Annual list fee is \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00

LATE PENALTY: \$75.00

BUSINESS LICENSE FEE: \$200.00

LATE PENALTY: \$100.00

Complete only if applicable

Section 7(2) Exemption Codes

☐ Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:

☒ Month and year your State Business License expires: 1 2 20 0 9

- 001 - Governmental Entity
- 002 - 501(c) Nonprofit Entity
- 003 - Home-based Business
- 004 - Natural Person with 4 or less rental dwelling units
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NAME HOOLAE PAOA		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS PMB 29 BOX 10001, USA	CITY SAIPAN	STATE MP	ZIP CODE 96950

NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	STATE	ZIP CODE

NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	STATE	ZIP CODE

NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	STATE	ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X HOOLAE PAOA

Signature of Manager or Managing Member

Title: MANAGER Date: 12/23/2009 7:21:54 PM

Nevada Secretary of State Annual List ManOrMem
Revised: 8-5-09

**ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

CAPITAL SEVEN, LLC

LLC13379-2001

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF 12/2010 TO 12/2011



110401

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

SANDY MARR
379 TIERRAS BLANCOS CT
LAS VEGAS, NV 89138

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number
	20100916111-82
	Filing Date and Time
	12/09/2010 9:50 PM
	Entity Number
	LLC13379-2001

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

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ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

Complete only if applicable

☐ Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:

☒ Month and year your State Business License expires: 1 2 20 1 0

Section 7(2) Exemption Codes

- 001 - Governmental Entity
- 002 - 501(c) Nonprofit Entity
- 003 - Home-based Business
- 004 - Natural Person with 4 or less rental dwelling units
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NAME HOOLAE PAOA	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
	<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER		
ADDRESS PMB 29 BOX 10001, USA	CITY SAIPAN	STATE MP	ZIP CODE 96950	

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE	

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE	

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE	

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X HOOLAE PAOA

Signature of Manager or Managing Member

Title	Date
MANAGER	12/9/2010 9:43:55 PM

Nevada Secretary of State Annual List ManOrMem
Revised: 8-5-09



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov




180402

Statement of Resignation of Registered Agent

(PURSUANT TO NRS 77.370)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20110110728-73
	Filing Date and Time 02/11/2011 11:00 AM
	Entity Number LLC13379-2001

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Registered Agent:

SANDY MARR

2. The above named registered agent resigns from serving as agent for service of process for the following entity(ies) and will send notice required by NRS 77.370 subsection 3 to the name and address stated for each. List entities in **alphabetical order**. Resigning agent may write "see attached list" in area below and attach a spreadsheet listing the entities in **alphabetical order** with required information provided.

Entity Name	Entity Number	Name and Address Where Notice Sent
ALL CAPITAL, LLC	LLC13640-2001	379 Tierras Blancos Ct., Las Vegas, NV 89138
ALL VERNON ACQUISITIONS, LLC	LLC2188-2004	379 Tierras Blancos Ct., Las Vegas, NV 89138
ATLAS CAPITAL PARTNERS, LLC	E214422009-1	Same as above
BANTER, INC.	C12685-1994	Same as above
BORDERTOWN COUNTRY, LLC	LLC806-1998	Same as above
BRIDGE AINA LEA, LLC	LLC1922-2001	Same as above
BRIDGE CAPITAL, INC.	C2306-1998	Same as above
BRIDGE CAPITAL, LLC	LLC2306-1998	Same as above
CALCASIEU VTN, INC.	C4036-1997	Same as above
CAPITAL FOODS, LLC	LLC12866-2002	Same as above
CAPITAL HOSPITALITY MGT., LLC	LLC17896-1997	Same as above
CAPITAL ONE, INC.	C17252-1995	Same as above
CAPITAL ONE, LLC	LLC4484-2001	Same as above
CAPITAL ONE INVESTORS, LLC	LLC3268-2002	Same as above
SEE ATTACHED LIST		

X 
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

EFFECTIVE DATE: This statement of resignation takes effect on the earlier of the 31st day after the day on which it is filed or the appointment of a new registered agent for the represented entity.

FEE: \$100.00 for the first entity and \$1.00 for each additional entity. (NRS 77.280)

Nevada Secretary of State Form RA Resignation
Effective: 5-14-10

Attachment to **SANDY MARR**

379 TIERRAS BLANCOS CT., LAS VEGAS, NV 89138

Statement of Resignation of Registered Agent

<i>ENTITY NAME</i>	<i>ENTITY NUMBER</i>
Capital Seven, LLC	LLC13379-2001
Capitol 7, LLC	LLC7803-2003
CasinosAsia, LLC	E0189742008-6
Creole Kitchen, Inc.	C3810-1998
DDI Ventures, Inc.	C2952-2002
DDRA Capital, Inc.	C2950-2002
Dayline, Inc.	C29313-1998
East Sunset, LLC	LLC2100-1997
Flamingo Palms, LLC	LLC10870-2001
Forest Home, LLC	LLC12672-2002
Gator Crossing, LLC	LLC1611-2000
Hana Makai, Inc.	C7981-1999
Hana Makai, LLC	LLC17688-2003
Heritage Group Trustees, LLC	E0267802007-8
Hoppin Hare, LLC	LLC6465-199
Hot Daze, Inc.	C12303-1997
Hot Daze, LLC	LLC12369-2001
Lucky Draw, LLC	LLC3487-2001
Nevada Financial Affiliates, LLC	LLC11461-2002
OBRC, LLC	E0498662009-1
PM Law, LLC	LLC1500-2004
Petrol Pit, LLC	LLC2378-2000
Running Rabbit, LLC	LLC6466-1999
Silver Beach, LLC	LLC24354-2004
Sleeping Deer, LLC	LLC6345-1999
South Hayden Investments, LLC	LLC8648-2003
Southern Nevada Trading, Inc.	C18532-1997
Southern Trading, LLC	LLC3331-1997
Sulphur Country, LLC	LLC1608-2000
Sunset Management, LLC	LLC4351-1999
Sunset Recovery, LLC	LLC15780-2002
Swamp Stop, LLC	LLC1612-2000


Talle Hoe, Inc.	C4337-1998
Toomey Stocks, LLC	LLC3330-1997
Tumon Partners, LLC	E0110112006-6
Valhalla Capital, LLC	LLC6980-2002
Vinton Racing, LLC	LLC5681-2000
Vinton, LLC	LLC14684-1996
Williamsburg Hospitality, LLC	LLC5073-2004
Nothing Follows	



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708
Website: www.nvsos.gov

Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20110110730-16
	Filing Date and Time 02/11/2011 11:00 AM
	Entity Number LLC13379-2001

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Entity as currently on file:

Capital Seven, LLC

2. Entity File Number:

LLC13379-2001

3. Type of information being changed by this statement: (check only one)



Change of Commercial Registered Agent



Change of Name and Address of Noncommercial Registered Agent



Change of Name, Title of Office or Other Position with Entity to whom service is to be sent and Address of the Business Office of that Person.

4. Information in effect upon the filing of this statement:

a) Commercial Registered Agent: (change requires a signed registered agent acceptance)

InCorp Services, Inc.

Name

b) Noncommercial Registered Agent: (change requires a signed registered agent acceptance)

Sandy Marr

Name

379 Tierras Blancos Ct

Street Address

Las Vegas

City

Nevada

89138

Zip Code

Mailing Address (if different from street address)

Nevada

Nevada

Zip Code

c) Title of Office or Other Position with Entity:

Manager

Name of Title or Position

Street Address

City

Nevada

Zip Code

PMB 29 Box 10001

Mailing Address (if different from street address)

Saipan

City

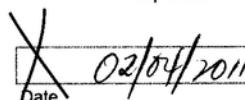
Nevada

96950

Zip Code

5. Signature of Represented Entity:


Authorized Signature


Date

6. I hereby accept appointment as Registered Agent for the above named Entity.



Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

March 19, 2010
Date

FEE: \$60.00

This form must be accompanied by appropriate fees.

**ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

CAPITAL SEVEN, LLC

LLC13379-2001

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF 12/2011 TO 12/2012



110401

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

INCORP SERVICES, INC. (Commercial Registered Agent)
2360 CORPORATE CIRCLE STE 400
HENDERSON, NV 89074-7722 USA

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20110876703-05
	Filing Date and Time 12/13/2011 9:09 PM
	Entity Number LLC13379-2001

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A **Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Annual list fee is \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

Complete only if applicable		Section 7(2) Exemption Codes	
<input type="checkbox"/>	Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code: <input type="text"/>	001 - Governmental Entity	
<input type="checkbox"/>	Month and year your State Business License expires: <input type="text"/> 20 <input type="text"/>	002 - 501(c) Nonprofit Entity	
		003 - Home-based Business	
		004 - Natural Person with 4 or less rental dwelling units	
		005 - Motion Picture Company	
		006 - NRS 680B.020 Insurance Co.	

NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
HOOLAE PAOA		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	STATE	ZIP CODE
PMB 29 BOX 10001, USA	SAIPAN	MP	96950

NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	STATE	ZIP CODE

NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	STATE	ZIP CODE

NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	STATE	ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X HOOLAE PAOA

Signature of Manager or Managing Member

Title: MANAGER Date: 12/13/2011 9:04:47 PM

Nevada Secretary of State Annual List ManOrMem
Revised: 8-5-09

**ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

CAPITAL SEVEN, LLC

LLC13379-2001

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF DEC, 2012 TO DEC, 2013



****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

110405

INCPOR SERVICES, INC.
2360 CORPORATE CIRCLE STE 400
HENDERSON, NV 89074-7722

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number
	20120860827-86
	Filing Date and Time
	12/23/2012 5:06 PM
	Entity Number
	LLC13379-2001

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

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☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Return completed form with the fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

NRS 76.020 Exemption Codes

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
JOHN K BALDWIN		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	STATE	ZIP CODE
PMB 29 BOX 10001, MNP	SAIPAN		96950
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	STATE	ZIP CODE
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	STATE	ZIP CODE
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS	CITY	STATE	ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X JOHN K BALDWIN

Signature of Manager or Managing Member

Title	Date
MANAGER	12/23/2012 5:06:43 PM

Nevada Secretary of State Annual List ManOrMem
Revised: 3-9-12

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE
BUSINESS LICENSE APPLICATION OF:

CAPITAL SEVEN, LLC

NAME OF LIMITED-LIABILITY COMPANY

ENTITY NUMBER

LLC13379-2001

FOR THE FILING PERIOD OF

DEC, 2013

TO

DEC, 2014



100401

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov****

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. **A Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00 **LATE PENALTY:** \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 **LATE PENALTY:** \$100.00 (if filing late)

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20130797222-45 Filing Date and Time 12/05/2013 2:43 PM Entity Number LLC13379-2001
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CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NAME JOHN K BALDWIN	MANAGER OR MANAGING MEMBER		
ADDRESS PMB 29 BOX 10001, MNP	CITY SAIPAN	STATE	ZIP CODE 96950
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X JOHN K BALDWIN

**Signature of Manager, Managing Member or
Other Authorized Signature**

Title

MANAGER

Date

12/5/2013 2:43:39 PM

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE
BUSINESS LICENSE APPLICATION OF:

CAPITAL SEVEN, LLC

NAME OF LIMITED-LIABILITY COMPANY

ENTITY NUMBER

LLC13379-2001

FOR THE FILING PERIOD OF DEC, 2014 TO DEC, 2015



100401

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****YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov****

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. **A Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
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Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20140828833-29 Filing Date and Time 12/29/2014 5:07 PM Entity Number LLC13379-2001
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ANNUAL LIST FILING FEE: \$125.00 **LATE PENALTY:** \$75.00 (if filing late) **BUSINESS LICENSE FEE:** \$200.00 **LATE PENALTY:** \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NAME JOHN K BALDWIN	MANAGER OR MANAGING MEMBER		
ADDRESS PMB 29 BOX 10001, MNP	CITY SAIPAN	STATE	ZIP CODE 96950
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X JOHN K BALDWIN

**Signature of Manager, Managing Member or
Other Authorized Signature**

Title MANAGER	Date 12/29/2014 5:07:15 PM
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INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE
BUSINESS LICENSE APPLICATION OF:

CAPITAL SEVEN, LLC

NAME OF LIMITED-LIABILITY COMPANY

ENTITY NUMBER

LLC13379-2001

FOR THE FILING PERIOD OF

DEC, 2015

TO

DEC, 2016



100403

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****YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov****

- ☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. **A Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
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Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20150542857-69 Filing Date and Time 12/13/2015 4:24 PM Entity Number LLC13379-2001
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ANNUAL LIST FILING FEE: \$150.00 **LATE PENALTY:** \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 **LATE PENALTY:** \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME JOHN K BALDWIN	MANAGER OR MANAGING MEMBER		
ADDRESS PMB 29 BOX 10001, MNP	CITY SAIPAN	STATE	ZIP CODE 96950
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X CARMEN HASSELBACK

Title

OFFICE MANAGER

Date

12/13/2015 4:24:29 PM

**Signature of Manager, Managing Member or
Other Authorized Signature**

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE
BUSINESS LICENSE APPLICATION OF:

CAPITAL SEVEN, LLC

ENTITY NUMBER

LLC13379-2001

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF DEC, 2016 TO DEC, 2017



100403

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. **A Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
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Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20160495778-19 Filing Date and Time 11/13/2016 4:28 PM Entity Number LLC13379-2001
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ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME JOHN K BALDWIN	MANAGER OR MANAGING MEMBER		
ADDRESS PMB 29 BOX 10001, MNP	CITY SAIPAN	STATE	ZIP CODE 96950
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X JOHN K BALDWIN

Title

MANAGER

Date

11/13/2016 4:28:26 PM

Signature of Manager, Managing Member or
Other Authorized Signature