

MEOWWON398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

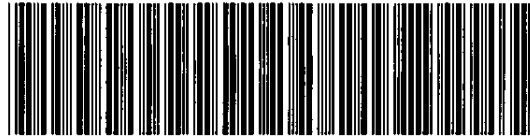
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 SEP 16 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 17 2015  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KASAIM VENTURES 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:

SUZANNE BURGESS

\_\_\_\_\_  
Name of Person

VERAINA ENTERPRISE LLC

\_\_\_\_\_  
Firm/Company

770 MONROE ROAD

\_\_\_\_\_  
Address

SANFORD FL 32771

\_\_\_\_\_  
City/State and Zip Code

verainaenterprise@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Burgess

321

3684134

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$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

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TALLAHASSEE, FLORIDA

**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. KASAIM VENTURES 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. WYOMING 3. 47-5017444  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 15-SEPT 2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 770 MONROE ROAD  
SANFORD FL 32771  
(Street Address of Principal Office)

6. 770 MONROE ROAD  
SANFORD FL 32771  
(Mailing Address)

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

Name: VERAINA ENTERPRISE  
Office Address: 770 MONROE ROAD  
SANFORD, Florida 32771  
(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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

VERAINA ENTERPRISE LLC (MANAGER) 770 MONROE ROAD SANFORD FL 32771

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)

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

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.

SUZANNE BURGESS

\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA



**Wyoming Secretary of State**

State Capitol Building, Room 110  
200 West 24<sup>th</sup> Street  
Cheyenne, WY 82002-0020  
Ph. 307.777.7311  
Fax 307.777.5339  
Email: [Business@wyo.gov](mailto:Business@wyo.gov)

Ed Murray, WY Secretary of State

FILED: 09/02/2015 12:48 PM

ID: 2015-000694037

**Limited Liability Company  
Articles of Organization**

1. Name of the limited liability company:

Kasaim Ventures LLC

2. This entity elects to be a close limited liability company: ☐

3. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. The registered agent must have a physical address in Wyoming. A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)*

Name: MyNewCompany.com, Inc.

Address: 1603 Capitol Ave., Suite #310, Cheyenne, Wyoming 82001

*(If mail is received at a Post Office Box, please include in the above address.)*

4. Mailing address of the limited liability company:

c/o: MyNewCompany.com, Inc. - 1603 Capitol Ave., Suite #310, Cheyenne, Wyoming 82001

5. Principal office address:

107 Wilson Bay Court, Sanford, Florida 32771

Received  
AUG 26 2015  
Secretary of State  
Wyoming

Signature:

*(Shall be executed by an organizer.)*

Date:

08/26/2015

*(mm/dd/yyyy)*

Print Name: Oranda Davis, Organizer

Contact Person: Ed Tsuji

Daytime Phone Number: (702) 362-2677

Email: [orders@mynewcompany.com](mailto:orders@mynewcompany.com)

*(Email provided will receive annual report reminders and filing evidence)  
\*May list multiple email addresses*



**Wyoming Secretary of State**

State Capitol Building, Room 110

200 West 24<sup>th</sup> Street

Cheyenne, WY 82002-0020

Ph. 307.777.7311

Fax 307.777.5339

Email: [Business@wyo.gov](mailto:Business@wyo.gov)

**Consent to Appointment by Registered Agent**

I, MyNewCompany.com, Inc., registered office located at  
*(name of registered agent)*

1603 Capitol Ave., Suite #310, Cheyenne, Wyoming 82001

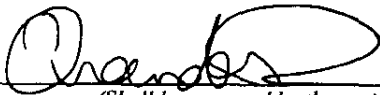
voluntarily consent to serve

*\* (registered office physical address, city, state & zip)*

as the registered agent for Kasaim Ventures LLC

*(name of business entity)*

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature:   
*(Shall be executed by the registered agent.)*

Date: 08/26/2015  
*(mm/dd/yyyy)*

Print Name: Oranda Davis Daytime Phone: (702) 362-2677

Title: Office Assistant Email: orders@mynewcompany.com

Registered Agent Mailing Address  
(if different than above):

**\*If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: \_\_\_\_\_  
*(Shall be executed by the registered agent.)*

Date: \_\_\_\_\_  
*(mm/dd/yyyy)*

**Checklist**

- ☒ Submit one **originally signed** consent to appointment and one exact photocopy.

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

**CERTIFICATE OF ORGANIZATION**

**Kasaim Ventures LLC**

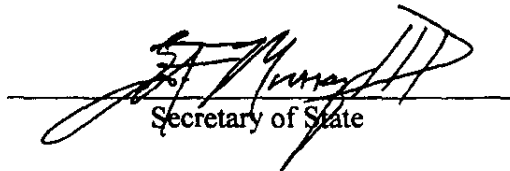
Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **2nd** day of **September, 2015**.

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16 SEP 16 PM 2:57  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA



Filed Date: 09/02/2015

  
Secretary of State

By: Rosalie Gonzales