

MI 6000006349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

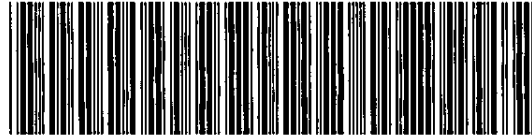
(Business Entity Name)

(Document Number)

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

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16 AUG - 8 PM 12: 12  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

AUG 09 2016

Y SULKER

~~416-48835~~



# MILLS, MILLS & ANDERSON

LAW GROUP

August 3, 2016

Division of Corporations  
Attn: Yasemin Sulker  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: STITCHED, Miami, L.L.C.

Dear Ms. Sulker:

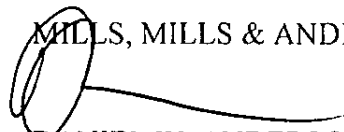
Pursuant to your letter dated July 14, 2016, I have enclosed the following documents:

1. Certificate of Good Standing; and
2. Completed Application.

Should you have any questions or concerns, please do not hesitate to give us a call. Thank you.

SINCERELY,

MILLS, MILLS & ANDERSON



DANIEL W. ANDERSON, ESQ.

DWA:tbw  
Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2016

DANIEL W ANDERSON, ESQ  
703 S 8TH STREET  
LAS VEGAS, NV 89101 US

SUBJECT: STITCHED MIAMI L.L.C.  
Ref. Number: W16000048835

2016 AUG -8 PM 3:43  
TALLAHASSEE, FLORIDA

We have received your document for STITCHED MIAMI L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 316A00014778

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

IN COMPLIANCE WITH SECTION 605.0912, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. STITCHED Miami L.L.C.
(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. (FEI number, if applicable)

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

5. 212 Crooked Putter Drive
Las Vegas, Nevada 89148
(Street Address of Principal Office)

6. 212 Crooked Putter Drive
Las Vegas, Nevada 89148
(Mailing Address)

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

Name: InCorp Services, Inc.
Office Address: 13888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

16 AUG - 8 PM '02
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FLORIDA

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.

[Signature] Kathy Shin on behalf of InCorp Services, Inc.
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
EAMON M. SPRINGALL, Manager
212 Crooked Putter Drive
Las Vegas, Nevada 89148

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]
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.

EAMON M. SPRINGALL
Typed or printed name of signee

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified 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, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing 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, **STITCHED MIAMI L.L.C.**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 7, 2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 28, 2016.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Electronic Certificate  
Certificate Number: C20160728-1098  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>