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| Special Instructions to F | lling Officer:  |              |
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S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

| TO: Registration Section Division of Corporations  | s  |  |   |  |
|--|--|--|---|--|
| VINI   | r Smro   | 1)(                                      |   |  |
| SUBJECT:t OA   | Name of L  | imited Liability Company                 |   |  |
| The enclosed "Application by Fore Existence, and check are submitted                               |  |  |   |  |
| Please return all correspondence co  | oncerning this matter to the f   | following:                               |   |  |
| (  | <u>j'halanda</u>   | Vereen                                   |   |  |
| \  | Jour Smi   | ame of Person                            | •   |  |
|  | Fin  | rm/Company                               |   |  |
|  | 3752 N   | IW 22na                                  | Place   |  |
|  | Sunrise,   | Address S                                | 323   |  |
| S  | strmanag   | ate and Zip Code                         | tionseam  | ail.com  |
|  |  | for future annual report n               | odification)  | 77 T   |
| For further information concerning  Shalande   | Q Vereen  Contact Person   | at ( 404 ) 5                             | 748625  Tytime Telephone Number   | ALTARY<br>ALIASSE  |
|  | Conact reison  |  |   |  |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 |  | Divisio<br>Registri<br>Clifton<br>2661 E | er ADDRESS:  n of Corporations  ntion Section  Building  Recutive Center Circle  ssee, FL 32301 | OF STATE SELECTION OF S |
| Enclosed is a check for the followi ☐ \$125.00 Filing Fee  | ng amount:  \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status} | ☐ \$155,00 Filing Fee & Certified Copy   | \$160.00 Filing Fee, Ce of Status & Certified Cop.  |  |

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

| IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  |              |
|--|--------------|
| Vour Space IIC   |              |
| (Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C.," or "LI.C.")  SIVMONAGEMENTSOLUTIONS 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 "L.L.C," or "L.L.C,"   |              |
| 2 Georgia 3 47-4453594   |              |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)   |              |
| 4. <u>February 14, 2017</u>  |              |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)   |              |
| 5. 4401 Commerce Circle SW   |              |
| Atlanta GA 30336   |              |
| 6 13752 NW 22-01 Place   |              |
| Sunrist, Fl 35323  | <u>e</u>     |
| (Mailing Address)  | in<br>D      |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  | rm<br>Tigari |
| Name: Shalanda Vereen, & &   |              |
| Office Address: 13752 NW 2229 Place 呈  | 19C          |
| Sunrise Florida 53323  | -w<br>93     |
| (City) (Zip code)  | ট্রন         |
| 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 complywith 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:   |              |
| - I was a second of the second |              |
| Monic Herrish, Mananging Member-4401 Commerce Cricleson, Atlant  | a 6A         |
| Lawrence Versen, Managing Member-2151 Comberland Pruy SE apt 152   | 136 Atlante  |
| 9. Attached is a certificate of existence, no more man by days old, duly authenticated by the official having custody of records in the  | 363436       |
| jurisdiction under the law of which it is organized. (If the certificate is my foreign language, a translation of the certificate under oath of the translator must be submitted)  |              |
| 1 Jan Var  |              |
| Signature of an authorized person  |              |
| This document is executed in accordance with section 605.0203 (f) (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.   |              |
| Shalanda Vereen  |              |
| Typed or printed name of signee  |              |

Control Number: 15069574

# STATE OF GEORGIA

**Secretary of State** 

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# YOUR SPACE LLC

# a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 14003924 : 07/13/2015 : Georgia : 02/06/2017



B: flam Brian P. Kemp Secretary of State