# M1700000 8637

(Re	equestor's Name)
(Ad	ldress)
(Ad	idress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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71-2737-279-779-775 71-2733-01-339-1163 **}-**

J. HARRIS

#### **COVER LETTER**

то:	Registration Section Division of Corporatio	ns				
SUBJE	CCT: FLIP SIDE EQUIT	Y PARTNERS, LLC				
		Name of I	Limited Liability (	Company		
		reign Limited Liability Comp ed to register the above refere				
Please	return all correspondence	concerning this matter to the	following:			
	TAMMY L.	GOMES				
		N:	ame of Person			
	FLIP SIDE	EQUITY PARTNERS				
		Fi	rni/Company			ı
	49 VILLAG	E DR				1
			Address			
	49 VILLAGE	OR, QUINCY, MA 02169				
		City/Si	tate and Zip Code			
	INFO@FSEPA	RTNERS.COM				
	<del></del>	E-mail address: (to be used	for future annual	report not	ification)	
For fur	ther information concernir	g this matter, please call:				
	TAMMY L. GOME	<del></del>	at (561	373-4		
	Name (	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose	ed is a check for the follow ☑ \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2017

TAMMY GOMES 49 VILLAGE DR QUINCY, MA 02169

SUBJECT: FLIP SIDE EQUITY PARTNERS, LLC

Ref. Number: W17000072953

SHEEL OF ISOMES ASSESSED.

We have received your document for FLIP SIDE EQUITY PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L17000164745.

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.

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), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00018444

#### FLIP SIDE EQUITY PARTNERS, LLC

49 VILLAGE DR
QUINCY, MA 02169
PH: (561) 373-4740
info@fsepartners.com

October 9, 2017

Jenna D. Harris, Regulatory Specialist II Florida Department of State Division of Corporation PO Box 6327 Tallahassee, FL 32314

Subject:

Flip Side Equity Partners, LLC

Ref. Number:

W17000072953

**Letter Number:** 

317A00018444

Dear Ms. Harris:

We are in receipt of your above-referenced letter dated September 6, 2017, rejecting our application to Foreign Register Flip Side Equity Partners, LLC, due to a name conflict.

The VOLUNTARILY DISSOLVED entity showing in your system, Flip Side Equity Partners, LLC, is actually our initial attempt to register our business in Florida. We filed incorrectly and voluntarily dissolved the entity.

Please be advised that WE HAVE NO INTENTION OF REVOKING THE DISSOLUTION for Florida entity Flip Side Equity Partners, LLC.

Flip Side Equity Partners, LLC

Tammy L. Gomes, Manager

## 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:

(Jurisdiction under the law of which foreign limited liability company is organized)  4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 49 VILLAGE DR, QUINCY, MA 02169  (Street Address of Principal Office)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc.  Office Address: 3030 N. Rocky Point Dr. STE 150A  Tampa , Florida 33607  (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 prosignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar is	(Name of Fore	cign Limited Liability Company; must include "I	Limited Liability Company," "L.L.C" c	or "LLC.")		
(Jurisdiction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  (Street Address of Principal Office)  (Street Address of Principal Office)  (Mailing Address)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agents Inc.  Office Address:  3030 N. Rocky Point Dr. STE 150A  Tampa  Florida 33607			ting business in Florida. The alternate na	ame must include	Limited	
(Jurisdiction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (Street Address of Principal Office)  (Street Address of Principal Office)  (Mailing Address)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc.  Office Address: 3030 N. Rocky Point Dr. STE 150A  Tampa , Florida 33607  (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 processing been named as registered agent and to accept the appointment as registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar is	NEVADA	3. 82·				1
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(Registered agent's signature)	designated in this applica to complywith the provision	ation, I hereby accept the appointment as rions of all statutes relative to the proper and my position as registered agent.	registered agent and agree to act in indicate to act in indicate of my dut	this capacity. I	further ag	gree
8. The name, title or capacity and address of the person(s) who has/bave authority to manage is/are:	8. The name, title or cap:	pacity and address of the person(s) who has/	have authority to manage is/are:			
TAMMY L. GOMES, 49 VILLAGE DR, QUINCY, MA 02169 MGR						
DAVID GOMES, 49 VILLAGE DR. QUINCY, MA 02169 MGR	DAVID GOMES, 49	9 VILLAGE DR, QUINCY, MA 02	169 MGR			
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted)	jurisdiction under the law	of which it is organized. (If the certificate	ily authenticated by the official havings in a foreign language, a translation	ng custody of rec	ords in the	e ath

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.

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, FLIP SIDE EQUITY PARTNERS, LLC, 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 12, 2017, 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 October 9, 2017.

Ballons K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171009-1431
You may verify this electronic certificate
online at http://www.nvsos.gov/