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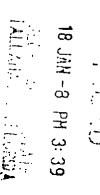
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
ertified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Cest 1-92333						

Office Use Only



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November 20, 2017

ANDY GEBRU 4054 SEABRIDGE DR ORLANDO, FL 32839

SUBJECT: ANDY GEBRU LLC Ref. Number: W17000092333

We have received your document for ANDY GEBRU 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):

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.

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

Letter Number: 317A00023499

Octavia L Simmons Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

TO: Registration Section Division of Corporation	ns		
SUBJECT: And	y Gebru LL Name of	C Limited Liability Company	
			ansact Business in Florida," Certificate of y company to transact business in Florida,
Please return all correspondence	concerning this matter to the	following:	
An	dy Crebru		
	N	ame of Person	
	Andy Gebra	L L ( irm/Company	
	, Fi	irm/Company	
	054 Seabridge	DR Dilendo,	FL 32839
Č	Orlando FL Cinys	3 2 <i>8</i> 3 9	
<del></del>	City/S	tate and Zip Code	
	E-mail address: (to be used	nail. (oM d for future annual report not	tification)
For further information concerning	ng this matter, please call:		
Andy Ga	gらいu of Contact Person	at ( 40 7 ) 5	7 5 - GUSW rtime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>:</u>	STREET Division Registrat Clifton B 2661 Exc	FADDRESS: of Corporations ion Section
Enclosed is a check for the follow \$125.00 Filing Fee	wing amount:  \$\Pi \\$130.00 \text{Filing Fee & Certificate of Status}	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTÉS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. And	y Gebry LCC Limited Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "LI.C.	<del>''')</del>
	ame adopted for the purpose of transacting business in Fle		
2. North Corc	ich föreign limited liability company is organized)	3. 46-1088405	nber, if applicable)
4. 11/15/17			
4. ////////	{Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration.)	
5. 4054 Scaber			da Note # 12
·	·	6. 4054 Seabr. (Mailing Ad	
orlando FC	32934	Orlando, FL 3	32839 - 3
		<del></del>	<u>ښ :</u> د،
7. Name and street addres	s of Florida registered agent: (P.O. Box	x NOT acceptable)	
Name:	Andy Gebra		9-
Office Address:	4054 Seabordye Da		
	Urlando (Ciro)	Florida 328	3 -1
Registered agent's accept		(xip cc	мис)
	gistered agent and to accept service of		
	tion, I hereby accept the appointment a ons of all statutes relative to the frope		
	s of my position as registered agent.	L	
			<del></del>
	(Registered sent's	signature)	
8. The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s) who h Name and Address:	as/have authority to manage is/are: Title or Capacity:	Name and Address:
DWACE			
	Andy Gebru	<u> </u>	
	origodo, FL 32830	1	
(II)		_	
(Use attachments if necess	ary)		
	of existence, no more than 90 days old, of which it is organized. (If the certifical ibmitted)		
	ited in accordance with section 605,020 the Department of State constitutes a ந		
vacantes in a cocument to	Department of four constitutes it to	yas provided for th	, a.u. ( ), ( ), ( ), ( ), ( ), ( ), ( ), ( )
	Signatur	e of an authorized person	
	<i>V</i>	· <b>/**</b>	
	Andy Gos	.u	

Typed or printed name of signee



## NORTH CAROLINA Department of the Secretary of State

### RECEIVED

JAN - 8 2018

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### ANDY GEBRU LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 4th day of October, 2012, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of January, 2018.

Elaine I Marshall

Secretary of State