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(Address)					
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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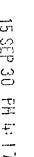


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OFFICE OF COMMENTS



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2015

CAPITAL CONNECTION SETH

SUBJECT: THE L SQUARED, LIMITED-LIABILITY LIMITED PARTNERSHIP

Ref. Number: W15000064433

We have received your document for THE L SQUARED, LIMITED-LIABILITY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to the date of filing.

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: 015A00020625

2015 SEP 30 A IO: 12

www.sunbiz.org

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE L SQUARED LLLP			
		Art of Inc. File	
	-	LTD Partnership File	
		Foreign Corp. File	
		L.C. File	
	<u> </u>	Fictitious Name File	
	_	Trade/Service Mark	
	\ <u> </u>	Merger File	
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		Certificate of Fictitious Name	
		Corp Record Search	
	_	Officer Search	
		Fictitious Search	
Signature		Fictitious Owner Search	<u></u>
		Vehicle Search	
		Driving Record	
Requested by: Seth		UCC 1 or 3 File	
09/30/13		UCC 11 Search	
Name Date	Time	UCC 11 Retrieval	
Walk-In Will Pick Up		Courier	

Application by foreign limited partnership or Limited Liability Limited partnership to transact business in Florida

THE L SQUARED, LIMITED-LIABILITY LIMITED PARTNERSHIP

(Name of Limited Parthership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or ILLP. THE L SQUARED FLORIDA OFFICE, LLLP

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. Meuada 10-16-08 Date of Formation State or Country of Formation 4. Federal Employer Identification Number: 5. Name of Registered Agent for Service of Process and Florida Street Address: 6. 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 dities, and I em familiar with and accept the obligations of my position as registered agent. Signature of Register II Agent 8. Mailing Address: 7. Principal Office: 9. If limited partnership is a limited liability limited partnership, check box a 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: 30 Sept Name of General Partner: Waterbaidoe Co. Street Address: Mailing Address: Same Mailing Address: Name of General Partner: Name of General Partners OSC On Street Address: Beach Malling Address: Same Mailing Address: _

Name of General Partn	er Superior Resou	Tage I	Name of General Partner:
Street Address: 47	1		Str Supplement 60
Las	Veras, NV 89k	17	
Mailing Address: 152	11 State Au.		Aailing Address:
Lite.	olly Hill FC 3	32117	
11. Effective date, if other (Effective date cannot be pr	than the date of filing:ior to nor more than 90 day.	s after the date	this document is filed by the Florida Department of State.)
Florida Department of State the law of which it is organi	, by the Secretary of State or	ted, not more the other official l	nan.90 days prior to the delivery of this application to the having custody of the entity's records in the jurisdiction under
Signed this	day of Septe	nser	_20/
		gnature of a go	eneral pattner
The individual signing this c submitted in a document to t	document affirm that the fact	ts stated herein	are true and the individual is aware that false information legree felony as provided for in s.817.155, F.S.
	es: Copy (optional):	\$1,000.0 \$52.50 \$8.75	0 (\$965 Filing Fee and \$35 Registered Agent Fee)

Page 2 of 2

TILED

2015 SEP 30 A ID: 13

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, THE L SQUARED, LIMITED-LIABILITY LIMITED PARTNERSHIP, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 16, 2008; 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 September 25, 2015.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150925-0126
You may verify this electronic certificate
online at http://www.nvsos.gov/