

F19000002534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

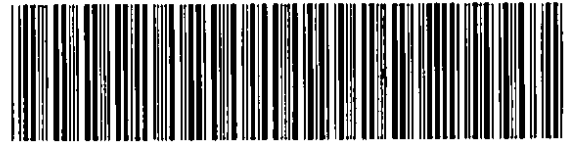
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

1019-2849109

Office Use Only



000325269800

03/11/19--01042--005 **70.00

FILED
2019 MAY 31 PM 1:34
FBI - PHOENIX

D. BRUCE

MAY 31 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2019

ROHANSEN JOSEPH
1801 NE 123 STREET #314
NORTH MIAMI, FL 33181

SUBJECT: LIEN LIBRARY INC
Ref. Number: W19000028969

We have received your document for LIEN LIBRARY INC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 119A00006229

COVER LETTER

TO: Registration Section
Division of Corporations
LIEN LIBRARY INC

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
ROHANSEN JOSEPH

LIEN LIBRARY INC	Name of Person
1801 NE 123 STREET #314	Firm/Company
NORTH MIAMI FL 33181	Address
FINANCE@LIENLIBRARY.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

ROHANSEN JOSEPH	786	632-4646
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

RECEIVED

MAY 23 2019

2019 MAY 31 PM 1:04
FILED

203

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

LIEN LIBRARY INC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
DELAWARE 83-3617549

(State or country under the law of which it is incorporated) (FEI number, if applicable)
FEBRUARY 18, 2019 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1801 NE 123 STREET #314 NORTH MIAMI FL 33181

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: ROHANSEN JOSEPH
1801 NE 123 STREET #314

Office Address: NORTH MIAMI 33181
(City) Florida (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Rohansen Joseph

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ROHANSEN JOSEPH
1801 NE 123 STREET #314 NORTH MIAMI FL 33181

Address: _____

Director: MACDEUR ALABRE
1801 NE 123 STREET #314 NORTH MIAMI FL 33181

Address: _____

B. OFFICERS

President: MACDEUR ALABRE
1801 NE 123 STREET #314 NORTH MIAMI FL 33181

Address: _____

Vice President: ROHANSEN JOSEPH
1801 NE 123 STREET #314 NORTH MIAMI FL 33181

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. _____
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LIEN LIBRARY INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MAY, A.D. 2019.



Jeffrey W. Bullock, Secretary of State

7286134 8300

SR# 20193800678

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202815444

Date: 05-13-19