

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000085994 3)))



H160000859943ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 617-6381

Frem:

: WILSON TAX & ACCOUNTING INC. Appount Name

Account Number : 1201500000107 1 (941) 625-1925 Phone

Fax Number : (941:625-1526

Enter the email address for this business entity to be used for future angua, report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO.

Pyramid LLC

Certificate of Status	0
Certified Copy	0
Page Count	84-3
Estimated Charge	\$125.00

adjusted Articus sel

Electronic Filing Menu

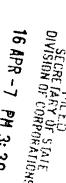
Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efileovr.exe

T. SCOTT

4/6/2016





April 7, 2016

FLORIDA DEPARTMENT OF STATE

WILSON TAX & ACCOUNTING INC. Division of Corporations

SUBJECT: PYRAMID LLC REF: W16000025835

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company 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.," "LC.," "Ltd.," and "Co."

The document number the name conflict is N94000001283.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section FAX Aud. #: H16000085994 Letter Number: 516A00007135 Fax: (941) 625-1526

To: 18506176381@rcfax.cc Fax: +18506176381

Page 4 of 5 04/07/2018 12:43 PM

	LIMITED LIABITY COMPANY
ARTICLE 1 - Name:	
The name of the Limited Liability Company is.	
Sec-Pyramid LLC	
(Musi end with the wirds "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The implify address and street address of the principal office of the	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
1550 Alton Rd	1550 Alion Rd
Port Charlotte, FL 33952	Port Charlotte, FL 33952

Andrey Guru

Name

1550 Alton Rd
Fiorida street address (P.O. Box NOT acceptable)

 Port Charlotte
 F1.
 33952

 City
 State
 Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this certificate, I hereby accept the apparitment as registered agent and agree to act in this capacity. I faither agree to comply with the provisions of all standers relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of personal agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page LoC2

16 APR -7 PH 3: 30

SECRL FARY OF STATE

•	,	To: 18506176381@icfax.cc Fax: +18506176381	Page 5 of 5 04/07/2016 12:43 PM
From: Beth Wilson	Fax: (941) 625-1626	10: 18508110301@icidx.co 1 444	
	ARTICLE IV.		310.00
	ing name and address or each	person authorized to manage and control the Limited L	лавину Сопрану.
	Title:	Name and Address:	
	"AMBR" = Authorized Memb	ber	
	"MGR" = Manager AMBR	Andrey Gura	•
		1550 Allon Rd	
		Port Charlotte, FL 33952	
			
	_		
			
	(Use attachment if necessary)		
	A DARREST TO A DAR		
	Of an effective date is listed, the date r	on the date of filing	. (OP)/ONAL) : dass prior to or 90 days after
	the date of filing.)	·	•
		does not meet the applicable statutory filing requirement	its, this date will not be listed as
	the document's effective date on the De	epartment of State 8 records	
	ARTICLE VI: Other provisions, if any.		
	Any and all lawful busniess		
	REQUIRED SIGNATURE:	FINOUN	
		111112	
		re of a member or an authorized representative of a	
	iam aware tha) is executed in accordance with section 605,0203 (1) (titing false information submitted in a document to the L	
	Andrey	und degree felony as provided for in \$.817 155, F.S.	
	<u> Andre</u>	Typed or printed name of signed	
		Filing Fors:	
		les of Organization and Designation of Registered A	geni
	\$ 30.00 Certified Copy (Op \$ 5.00 Certificate of Statu		
	a and the library of their	•	

Page 2 of 2