

L18000150717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800319155908

FILED
18 OCT -1 AM 9:52
STOKES, LORRAINE
TALLAHASSEE, FLORIDA

10/02/18--01001--003 *♦175.00

RECEIVED
18 OCT - 1 PM 3:24
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

✓ SALLY
OCT - 2 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/1/2018

****WALK IN****

ENTITY NAME OCELAND LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

CHECK # 5316

Please call Tina at the above number for any issues or concerns. Thank you so much!

FILED
18 OCT -1 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Trausti Eiriksson	Laekjarkot	<input type="checkbox"/> Add
		Borgarnes, Iceland, OC 311 OC	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
18 OCT - 11 AM 10:00
STATE OF ALABAMA
SHERIFF'S OFFICE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
18 OCT -1 AM 10:00
FALLS CHURCH, VIRGINIA

E. Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 1

~~2018~~

Signature of a member or authorized _____

Kristjan Ingvarsson, AMBR

Typed or printed name of signee