# M07000005865

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	S Certificates of Status	
Special Instructions to Filing Officer:		
·		:





200110022822

09/28/07--01013--020 \*\*125.00

07 SEP 28 AH II: 2

SECHTANORSO 30 NOISIVIO

#### **COVER LETTER**

Division of Corporations	
SUBJECT: Mintaga LLC. (Name of Lim	nited Liability Company)
The enclosed "Application by Foreign Limited Lia	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited
Please return all correspondence concerning this n	natter to the following:
Cheryl Sing	Stock CPA
, O (Na	ame of Person)
Help Accounting	Services Inc.
1.	• • • • • • • • • • • • • • • • • • • •
4910 Ave 0	aks (ourt
Dumfries VA	<b>32025</b>
(City/St	ate and Zip Code)
For further information concerning this matter, ple	ease call:
Chenyl Singstack	at (703) 850 9618 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\int_{\text{125.00 Filing Fee}} \int_{\text{showing 130.00 Filing Fee}} \& \text{Certificate of } \]	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate  f Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	N
1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	n
2. Virginia (Jurisdiction under the law of which foreign limited liability company is organized)  3. 26-0592827 (FEI number, if applicable)	
4. 7262007 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6	
(See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 13804 Maple dale Avenue	
Woodbridge VA 22193 (Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
Elizabeth Claytor 13804 Mapledale Avenue Woodbridge VA Martin Claytor 13804 Mapledale Avenue Woodbridge VA 22173	۱۱۶۶
Dolores Claytor 13804 Mapledale Avenue Woodboridge VA 22193	<b>&gt;</b>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	ì
11. Nature of business or purposes to be conducted or promoted in Florida: <u>real property</u>	
Signature of a memoer or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Typed or printed name of signee	

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Mintara LLC.
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Elizabeth Claytor
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Winterhaven FL 33880 City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Commonboealth of Hirginia



### State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to Mintara LLC, a limited liability company formed under the laws of VIRGINIA, effective as of July 26, 2007.

As of the date below, articles of cancellation have not been filed in this office by Mintara LLC, a Virginia limited liability company.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: September 25, 2007

Joel H. Peck, Clerk of the Commission