M100000000742

(Re	questor's Name)	
(Add	dress)	
(6.4)	dress)	·····
(Au	uress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Pur	siness Entity Nar	70)
(Du:	siness Entity Nar	ne)
(Doc	cument Number)	_
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



400166261824

02/16/10--01028--017 **125.00



C. LEWIS FEB 1 7 2010 EXAMINER



COVER LETTER

SUBJECT:	2pdf, LLC
_	Name of Limited Liability Company
The enclosed ". Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return al	I correspondence concerning this matter to the following:
	G. Alan Howard, Esq.
	Name of Person
	Milam Howard Nicandri Dees & Gillam, P.A.
	Firm/Company
	14 East Bay Street
	Address
	Jaksonville, FL 32202
	City/State and Zip Code
	chefvizcaino@gmail.com
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
	G. Alan Howard, Esqat (904)357-3660
	Name of Person Area Code & Daytime Telephone Number
Divisi Regist P.O. F	LING ADDRESS: STREET ADDRESS: on of Corporations Division of Corporations cration Section Registration Section Box 6327 Clifton Building
	assee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 a check for the following amount:
✓ \$12	25.00 Filing Fee \$\bigs\tau\$\$\\$130.00 Filing Fee & \bigs\tau\$\$\\$155.00 Filing Fee & \bigs\tau\$\$\\$

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 2pdf, LLC (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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 20-35-43530 (FEI number, if applicable) North Carolina (Jurisdiction under the law of which foreign limited liability company is organized) 8/18/2009 perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 6831 SW 44th Street #303 Miami, FL 33155 (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 folks Francisco Vizcaino, 6831 SW 44th Street #303, Miami, FL 33155 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.) all lawful business 11. Nature of business or purposes to be conducted or promoted in Florida: hature of a member 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.)

G. Alan Howard

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.

If unavailable t	2pdf, LLC he alternate to be used in the state of Florida is:	
ii unavanaoie, i	the alternate to be used in the state of Florida is.	
2. The name an	d the Florida street address of the registered agent and office are:	
	Milam Howard Nicandri Dees & Gillam, P.A. (Name)	ZONO FEB 16 SECRETARS
	14 East Bay Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 10 21
	Jacksonville FL 32202 City/State/Zip	24 ATE DRIDA
liability compan agent and agree	med as registered agent and to accept service of process for the above of the place designated in this certificate, I hereby accept the appoint to act in this capacity. I further agree to comply with the provisions of the complete performance of my duties, and I am familiar with a	tment as registered f all statutes

\$ 100.00 Filing Fee for Application

obligations of my position of registered agent as provided for in Chapter 608, Florida Statutes.

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

2PDF, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 18th day of August, 2009, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of February, 2010.

Secretary of State

6 laine I. Marshall

Certification# 89886986-1 Reference# 9947684-cs Page: 1 of 1 Verify this certificate online at www.secretary.state.ne.us/verification