M1100004779

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>	47507	1

Office Use Only



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D. BRUCE

SEP 23 2011

EXAMINER



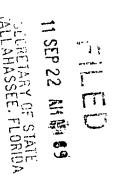
FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2011

SANDY SAMUEL 11998 NE 16TH AVE. APT. 104 NORTH MIAMI, FL 33161

SUBJECT: SDOTSAM ENTERPRISE, LC

Ref. Number: W11000047507



We have received your document for SDOTSAM ENTERPRISE, LC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 111A00021323

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	SDOTSAM	ENTE	RPRISE	, LLC.			
5020201	N	ame of Limite	ed Liability Compa	ny Control # 11	1019351		
	Application by Foreign Limited Licheck are submitted to register the						
Please return all	correspondence concerning this n	natter to the fo	ollowing:				اري.
	SOUTSAM ENTERPRISE	sandy	Samue		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•	SDUTSAM ENTERPRISE	LC. Name	e of Person		CRETAR	SEP 22	er carriet
			/Company		mo M-X	327 327	T
	11998 NE 16Th A	re. Apt.	.104		FLON	- CO	A service of
					Şm	(9)	
	North Miami, FL 52ero INNYBRIDE 01@ GM	orida 3	33161				
(Primary)		City/State	and Zip Code 6	(alternate)			۸
s Su	INNYBRIDE 01@ GM	IAIL CO	M & SI	INNYBRIDE ()2@ YAH	100-	com
			or future annual rep				
For further infor	mation concerning this matter, ple	ase call:			1.	(1)	
_ 5	iandy Samuel		at (305)	896 7710	or 9	+04) 81-	490'
	Name of Person	Area C	ode & Daytime Te	lephone Number			
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ation Section ox 6327 assee, FL 32314	Division on Registration But 2661 Execution Division Division But 2661 Execution Division Division of the Property of the Prop	ADDRESS: of Corporations on Section ailding outive Center Circle te, FL 32301	е			
Enclosed is a \$125.00	check for the following amo 3 Filing Fee S 30.00 Filing F Certificate of St	ee & _\$1	55.00 Filing Fee & ertified Copy	\$160,00 Filing I of Status & Cer		;	

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: 1. SDOTSAM ENTERPRISE, LLC.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") SDOTSAM ENTERPRISES, LLC. / SDOTSAM, 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.") GEORGIA

(Jurisdiction under the law of which foreign limited liability company is prognized)

(FEI number, if applicable)

(FEI number, if applicable) company is organized) 03/09/2011 (Date of Organization) 2011
(Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 11998 NE 16th Ave. Apt 104 Miami, FL 33161 (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: 11998 NE 16th Ave. Apt 104 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.) 11. Nature of business or purposes to be conducted or promoted in Florida: Retail | Resale Signature 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. I am aware that any 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.)

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 Liabili	ty Company is:			
SDOTSAN	M ENTER	PRISE, L	<u> </u>		_
If unavailable, th	ne alternate to be us	sed in the state of	f Florida i	s:	
SDUTSA	M ENTERP	RISES, L	_LC.	SDOTSAM, LLC.	_
2. The name and	d the Florida street	address of the re	gistered a	gent and office are:	
	SANDY	SAMUEL	•		
		(Nan	ne)		
	HOOD NE	10TH ALLO	Nat	1 14	

Florida Street Address (P.O. Box NOT ACCEPTABLE)

North Miami FL 33161

City/State/Zin

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)

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STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, Brian P. Kemp, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

SDOTSAMLLC

a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 04/26/2011 changing its name to

SDOTSAM ENTERPRISE, LLC

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on April 26, 2011



B: Ph

Brian P. Kemp Secretary of State