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B. BOSTICK MAR _ **6** 2012

EXAMINER

COVER LETTER

SUBJECT: L	EW-FAM PARTNE	Name of Limited Liability Company	
		Liability Company for Authorization to Transact Business in Flor e above referenced foreign limited liability company to transact be	
Please return all	correspondence concerning this	matter to the following:	
	WILL LEWIS		
		Name of Person	
	LEW-FAM PARTNERS	LLC	
		Firm/Company	_
	P.O. BOX 3363		
		Address	
	VAIL, C0 81658		
		City/State and Zip Code	
	wlewis07@hotmail.	com 🧓	Marie 18
For further info	E-mail addres	s: (to be used for future annual report notification)	Tid 1. Discount of the second
WILL	. LEWIS	_{at (} 970) 476-6364	က
	Name of Person	Area Code & Daytime Telephone Number	
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ation Section ox 6327 ussee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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

(If name unavailable, enter alternate na consent of the managers or managing r			
Company," "L.L.C," "LLC.")	members adopting the alteri	iate name. The attendate name mus	t metade Elimited Diability
2. COLORADO		84-0961118	attachia)
(Jurisdiction under the law of which company is organized)	foreign limited liability	(FEI number, if ap	рисавіе)
4. 06/08/1999	5.		
(Date of Organization	1)	(Duration: Year limited liability exist or "perpetual")	company will cease to
6. UPON QUALIFICATION			
(Date first (See section	transacted business in Flor is 608.501 & 608.502 F.S. t	ida, if prior to registration.) to determine penalty liability)	
7. 2520 KINNINCKINNICH	K RD. M-5		·
VAIL, C0 81657			7
	(Street Address o	f Principal Office)	
8. If limited liability company is	s a manager-managed (company, check here	CAT VI
O. The name and your hydroga	addraggag of the mone	aina mambana an managana a	ro on followers
9. The name and usual business	addresses of the mana	ging members of managers at	Te as ionows::
			
10. Attached is an original certificate of e	evictence no more than 90 de	ave old duky authenticated by the offi	cial basing a stocky of records in
the jurisdiction under the law of which it	is organized. (A photocopy	is not acceptable. If the certificate is	-
translation of the certificate under oath or		,	
11. Nature of business or purpo	ses to be conducted or	promoted in Florida: REAL	ESTATE
		\bigcirc	·
	(1) eld	Lemis	
Signature	of a member or an aut	horized representative of a me	ember.

(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.)

WILL LEWIS

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.

LEW-FAM PARTNERS LLC				
If unavailable,	he alternate to be used in	the state of Florida is:		
2. The name at	nd the Florida street addres	ss of the registered agent and office are:		
	WAYNE SCHOOLFIE	LD		
		(Name)	,	
101 PARK PLACE BLVD. SUITE 3				
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	-	
	KISSIMMEE	_{F1} 34741		

Isoving been nomed as registered agent and to accept service of process for the above stated limited—itability company at the place designated in this vertificate. 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.

Way Sulp (Signature)

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

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

LEW-FAM PARTNERS LLC

is a **Limited Liability Company** formed or registered on 06/08/1999 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19991108309.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/01/2012 that have been posted, and by documents delivered to this office electronically through 02/03/2012 @ 12:25:18.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/03/2012 @ 12:25:18 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8157706.



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Secretary of State of the State of Colorado

*******End of Certificate***

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate, For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."



February 13, 2012

WILL LEWIS POST OFFICE BOX 3363 VAIL, CO 81658

SUBJECT: LEW-FAM PARTNERS LLC

Ref. Number: W12000008498

We have received your document for LEW-FAM PARTNERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

The document number of the name conflict is B9900000361, Lew-Fam Partners, LTD.,

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Facilities as

Letter Number: 712A00006415