

M14000001038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

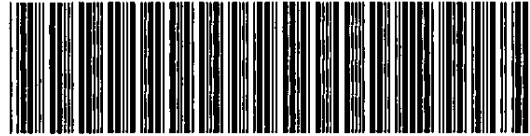
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 FEB 12 PM 2:08

STATE OF TEXAS  
COUNTY OF DALLAS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2014

ISA BONILLA  
13770 58TH ST NORTH, SUITE 315  
CLEARWATER, FL 33760

SUBJECT: CLOUDVEND, LLC  
Ref. Number: W14000006333

We have received your document for CLOUDVEND, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 414A00002128

2014 FEB 12 PM 2:08

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CloudVend, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

**Isa Bonilla**

Name of Person

**CloudVend, LLC**

Firm/Company

**13770 58th St North, Suite 315**

Address

**Clearwater, FL 33760**

City/State and Zip Code

**isa@comcept.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Isa Bonilla**

Name of Contact Person

at ( **727** )

Area Code

**742-7536**

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. CloudVend, LLC

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

The CloudVend, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Maryland

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

3. 46-1795304

(FEI number, if applicable)

4. January 22, 2013

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13770 58th Street North, Ste 315

Clearwater, FL 33760

(Street Address of Principal Office)

6. 13770 58th Street North, Ste 315

Clearwater, FL 33760

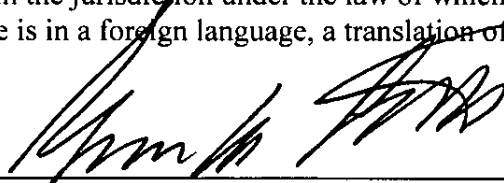
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Glenn D. Atwell - AMBR

Joseph D. Mattos - AMBR

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

Glenn D. Atwell

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

**CloudVend, LLC**

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If unavailable, the alternate to be used in the state of Florida is:

**The CloudVend, LLC**

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2. The name and the Florida street address of the registered agent and office are:

**Isa Bonilla**

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(Name)

**13770 58th Street North, Ste 315**

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

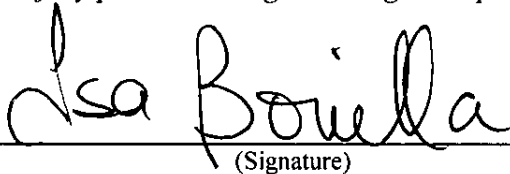
**Clearwater**

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**FL 33760**

City/State/Zip

*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 605, Florida Statutes.*



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(Signature)

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

2014 FEB 12 PM 2:03  
CLERK OF COURT  
CLERK OF COURT

**STATE OF MARYLAND**  
***Department of Assessments and Taxation***

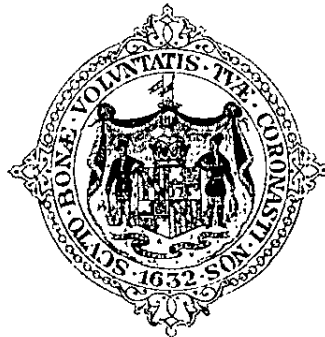
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CLOUDVEND, LLC, REGISTERED JANUARY 15, 2013, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 22, 2014.



Paul B. Anderson  
Charter Division



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097