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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2014

DAVID LASSETER 8191 61ST LANE NORTH PINELLAS PARK, FL 33781

SUBJECT: DO THIS LIKE BRUTUS LLC

Ref. Number: W14000004182

We have received your document for DO THIS LIKE BRUTUS 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00001419

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DO THIS LIKE BRUTUS LLC Name of Limited Liability Company	
remo or Danied Daniely Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certi Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in	ficate of Florida
Please return all correspondence concerning this matter to the following:	
David Lasseter	
Name of Person	
Do this like Brutue LLE	
Firm/Company	
• •	
8191 61St Lane North	
Address	
Pinellas Park, FL 33781 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David Lasseter at (206) 817-4470	
Name of Person Area Code Daytime Telephone Number	
MAILING ADDRESS: STREET ADDRESS:	
Division of Corporations Registration Section Division of Corporations Registration Section	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassec, FL 32301	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certifica	te
Certificate of Status Certified Copy of Status & Certified Copy	

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

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

1. On THIS LIKE BRUTUS U.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of	r"LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attac consent of the managers or managing members adopting the alternate name. The alternate name must include 'Company," "L.L.C," "LLC.")	h a copy of "Limited L	f the writte
2. WAS HING-70N (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-399 7883 (FEI number, if applicable)		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<u></u> -	
5. 8191 61St Lane N		
Pinellas Park, FL 33781 (Street Address of Principal Office)	<u> </u>	
6. 8191 61St Lane N		
Pinellas Park FL 33781 (Mailing Address)		
(Mailing Address)	17.5%	- "-
7. The name, title or capacity and address of the person(s) who has/have authority to manage	ze is/are:	#-
David Lassoter, member		125
•		NO Ny
	15 () 15 ()	<u> </u>
	No. 77 C	2
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a first translation of the certificate under outh 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 penalties of perjury that the facts stated herein are true. I am aware that any false information submit document to the Department of State constitutes a third degree felony as provided for in s.817	reign langu	agr., a
David LasseteR	,,	
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:		
DO THIS LIKE BRUTUS LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
David Lasseter (Name)	<u>.</u>	
6191 61St Lane N Florida Street Address (P.O. Box NOT ACCEPTABLE)	<u>-</u>	
Pillelas Park FL 33781 City/State/Zip		16 173 19
Having been named as registered agent and to accept service of process for the above s liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the pr statutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 60. Statutes.	ment as covisions o or with and	;> f all i [∫] 1
× Davidanter (Signature)		

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



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

DO THIS LIKE BRUTUS LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 10/30/2013

UBI Number: 603-345-662



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

- 10 11 12

Kim Wyman, Secretary of State

Date Issued: 11/1/2013