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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	r: LB Enterprises, LLC.  Name of Limited Liability Company
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please reti	urn all correspondence concerning this matter to the following:
	Abigail Latointe Name of Person
	LB Enterprises, LLC.
	1532 US HWY 41 BYP SOUTH BOX 285 Address
	Venice FL 34293 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
_	Abigail. Lateinte at (907) 229-8164  Name of Contact Person Area Code Daytime Telephone Number
, E R P	AAILING ADDRESS: Division of Corporations Division of Corporations Registration Section CO. Box 6327 Callahassee, FL 32314 Constant of Corporations Constant of Corporations Registration Section Section Registration Section Sectio
	d is a check for the following amount:  \$\text{\$\sum \text{\$\text{\$\text{130.00 Filing Fee & Certificate of Status}}} \$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2014

ABIGAIL LAPOINTE 1532 US HWY 41 **BYP SOUTH BOX 285** VENICE, FL 34293

SUBJECT: LB ENTERPRISES, LLC Ref. Number: W14000008276

We have received your document for LB ENTERPRISES, 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): Sunoil Enterprises LLC

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. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the labbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Neysa Culligan

Begulatory Specialist II Letter Number: 714A00002869

## . 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. LB ENTEVIORSES LLC.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Sunoil Enterprises LLL
(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 "L.L.C," or "L.L.C.")
2. Alaska (Jurisdiction under the law of which foreign limited liability company is organized)  3. 27 - 012 8593 (FEI number, if applicable)
4
5. TREO Mansota key Road Englewood, FL 34223
(Street Address of Principal Office)
6. 1532 US HWY 41 BYP South Suite 285
Venice, FL 34293  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/args 7
(Mailing Address) ≥
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ares
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are.  Abigail: Lathirte MGR
1532 US HWY 41 BYP South Shite 285 器 5
Venice, FL 34293
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
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.)
abigail latointe

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:		
LB Enterprises, LLC.		
• ,		
If unavailable, the alternate to be used in the state of Florida is:		
Sunoil Enterprises LLC		
2. The name and the Florida street address of the registered agent and office are:		
Betty Smith		
7860 Manasota Key Rd.	IN MAR	<u></u>
Florida Street Address (P.O. Box NOT ACCEPTABLE)	17	m
City/State/Zip	P¥ 1/2	
City/State/Zip  ORA  ORA  ORA  ORA  ORA  ORA  ORA  OR	PN 12: 46	
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.		
Oliv Dr.		
(Signature)		

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

#### State of Alaska

Department of Commerce, Community and Economic Development Corporations, Business and Professional Licensing

### **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

LB Enterprises, LLC

This entity was formed on June 22, 2005 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective March 04, 2014.

wak & 11

Susan K. Bell Commissioner