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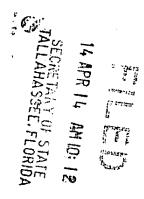
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration Section Division of Corporations	- ·
SUBJEC	T: Parlay Capi	ne of Limited Liability Company
The enclo Existence	osed "Application by Foreign Limited Liab , and check are submitted to register the al	ility Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please ret	urn all correspondence concerning this ma	tter to the following:
	Paula	Rockstad Name of Person
	Overmoe a	Welson Ltu Firm/Company
	200 ISF	Are N Ste 20 Address
		City/State and Zip Code City/State and Zip Code City/State and Zip Code Cod
For furthe	er information concerning this matter, pleas	e call:
] [Paula Rockstol Name of Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314	at (701) 746 - 0437 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301
	d is a check for the following amou 以\$125.00 Filing Fee □ \$130.00 Filing Certificate of	Fee & \$\Bigsim \mathbb{S} \text{ 155.00 Filing Fee & }\Bigsim \mathbb{S} \text{160.00 Filing Fee. Certificate}

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

		FLORIDA STATUTES, T TBUSINESS IN THE ST	THE FOLLOWING IS SU ATE OF FLORIDA:	BMITED TO	REGISTER A F	FOREIGN
\wedge						
(Name of Foreig	ın Limit i 'd Liability C	ompany; must include "	Limited Liability Compa	ny," "L.L.C.," o	r "LLC.")	
If name unavailable, eronsent of the manager Company," "L.L.C." "I	s or managing membe	opted for the purpose of rs adopting the alternate	transacting business in F	florida and attac ne must include	th a copy of the "Limited Liabi	written lity
	Dakota ne law of which foreig	n limited liability 3	46-46 (FEI number	15 285 ; if applicable)		_
company is organize. $\frac{11-27}{\text{(Date)}}$		5	Perpetual (Duration: Year limited exist or "perpetual")	liability compar	y will cease to	_
•	(Date first transa (See sections 608	acted business in Florida 501 & 608,502 F.S. to c	i, if prior to registration.) determine penalty liability	بقداشة (ي		_
. 1395					14 APR	arriada Arriada Arriada
Gra	nd Forks N	U 58201 (Street Address of P	Pm B 303		14 APR 14 A	ethianena ethianena ethianena
If limited liabilit	ly company is a m	anager-managed cor	mpany, check here 🔀		STA	
adam	Rodestad	1395 S Colu	mbia Rd Ste A	PmB 303	Grand For	_Ks, ND582
Glen	Scharer	3206 Heron	mbia Rd Ste A Cove, Winter	Haven 1	≥(.33 884	<u>′</u> _
e jurisdiction under th	ne law of which it is org		s old, duly authenticated b not acceptable. If the cented.)			
1. Nature of busin	ness or purposes to	be conducted or pro-	omoted in Florida: _			
Rec	l estate in Ordam (vesting		 .		 '
			rized representative of			
penalti	ies of perjury that the fac nent to the Departmen	its stated herein are true 1 t of State constitutes a th	n of this document constitut am aware that any false i nird degree felony as pro-	nformation subi	nitted in a	
	Adam	Rockstad Typed or printed na				
		Typed or printed na	me of signee			

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 Liability Company is:
Parlay Capital 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:
William J. Gabriel
506 Meadow Green br. Davenport Fr 3383" Florida Street Address (P.O. Box NOT ACCEPTABLE)
Daverport FL 33837 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 608. Florida Statutes.
Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

5.00

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State of North Dakota SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF

PARLAY CAPITAL LLC

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that PARLAY CAPITAL LLC, a North Dakota LIMITED LIABILITY COMPANY, was issued a certificate of organization which was effective on November 27, 2013 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota LIMITED LIABILITY COMPANY.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

PARLAY CAPITAL LLC

Issued: March 06, 2014

Alvin Jaeger Secretary of State

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