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(Requestor's Name)					
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SECHETARY OF STATE
TALL MIASSEE, FLORIDA

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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	AtPac Commercial, LLC				
5056	Name of Limited Liability Company				
The er Existe	iclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate once, 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:				
	Chris Sayre-Smith				
	Name of Person				
	AtPac Commercial, LLC				
Firm/Company					
6444 Fairway Ave SE					
	Address				
	Salem, OR 97306				
	City/State and Zip Code				
	chris.sayresmith@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For fu	ther information concerning this matter, please call:				
	Chris Sayre-Smith Name of Contact Person at (503) Area Code Daytime Telephone Number				
	Name of Contact Person Area Code 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				
Enelo	sed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2014

CHRIS SAYRE-SMITH 6444 FAIRWAY AVE SE SALEM, OR 97306

SUBJECT: ATPAC COMMERCIAL, LLC

Ref. Number: W14000026083

We have received your document for ATPAC COMMERCIAL, 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), AuthorizedPerson (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.

Neysa Culligan Regulatory Specialist II

Letter Number: 814A00008800

Division of Company tions D.O. DOV 6207 Tollahoggas Florida 2221

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. AtPac Commercial, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Compa	iny," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida Liability Company," "L.L.C," or "LLC.")	. The alternate name must include "Limited
_{2.} Oregon 3. 46-5343	SIOS number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI r company is organized)	number, if applicable)
_{4.} 4/9/2014	
(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty lia	n.) bility)
_{5.} 6444 Fairway Ave SE	75 23
Salem, OR 97306	10 T
(Street Address of Principal Office)	SSSTATE OF THE PROPERTY OF THE
_{6.} 6444 Fairway Ave SE	THE P
Salem, OR 97306	Gij 🕏
(Mailing Address)	38 38
7. The name, title or capacity and address of the person(s) who has/have at	uthority to manage is/are:
Chris Sayre-Smith MGR	
6444 Fairway Ave SE	
Salem, OR 97306	
8. Attached is an original certificate of existence, no more than 90 days old, having custody of records in the jurisdiction under the law of which it is orgacceptable. If the certificate is in a foreign language, a translation of the certificate be submitted)	ganized. (A photocopy is not
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the p	penalties of perjury that the facts stated herein are true. 1

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.)

Chris Sayre-Smith

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 o		Liability Company is:	
If unavailable,	the alternate	to be used in the state of Florida is:	
2. The name a	nd the Florid	a street address of the registered agent and office are:	ZHA MAY
	Marc S	Smith	
		(Name)	9 E
	333 S Tamiami Trl Ste 205 Florida Street Address (P.O. Box NOT ACCEPTABLE)		PN 4: 31
	Venice	FL 34285 City/State/Zip	∑. 8
		·	

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.

(Signature)

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

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

ATPAC COMMERCIAL, LLC

was

organized

under the Oregon

Limited Liability Company Act

on

January 10, 2014

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

April 9, 2014