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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

6/27/14

NAME: SALULLEZA LLC

TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

SUBJECT:	SALULLEZA LLC
BOLGLET	Name of Limited Liability Company
The enclosed *. Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return ai	l correspondence concerning this matter to the following:
	Name of Person
	Capitol Services - Corporate Filings Team
	Firm/Company
,	800 Brazos Ste 400
	Address
	Austin TX 78701
	City/State and Zip Code
	E-mail address (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
· · ·	Name of Contact Person Area Code Daytime Telephone Number
	·
	ING ADDRESS: STREET ADDRESS: on of Corporations Division of Corporations
Regist	ration Section Registration Section
	lox 6327 Clifton Building assee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
	check for the following amount:



June 30, 2014

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: SALULLEZA LLC Ref. Number: W14000040387

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

Verify the spelling of the City in #7.

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: 514A00014113

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SALULLEZA LLC (Name of Foreign Limited Hability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	-	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Li Liability Company," "L.L.C," or "L.L.C.")	 imited	
2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	-	
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	-	
5. 1675 SOUTH STATE STREET, SUITE B	- :::::	29
DOVER, DELAWARE 19901 (Street Address of Principal Office)		2014 JUN
6. 350 PARK AVENUE, 29TH FLOOR		N 27
NEW YORK, NY 10029 (Mailing Address)	- 199 - 29	AN IO
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		0: 07
JACQUES LUBEN)	
MANAGER		
20C Trolley Square, Wilmington, DE 19806	_	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of 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 transmust 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 her an aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S.		
MARINA CRISTIANI		
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 (I)(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.

SALULLEZA 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:	1000	2014 JUN 27
Capitol Corporate Services, Inc. (Name)	5270	
155 Office Plaza Dr. Ste A Plorida Street Address (P.O. Box NOT ACCEPTABLE)	E SE	M 10: 07
Tallahassee FL 32301 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 standes 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 Standes. Gayle Windle, Asst. Secretary on Loehalf of Capitol Corporate Services, Inc.		

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SALULLEZA LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SALULLEZA LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5483392 8300

140889777

AUTHENTYCATION: 1490377

DATE: 06-26-14

You may verify this certificate online at corp.delaware.gov/authver.shtml