Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H140002011763)))



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Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future of annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company NICOBINE, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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

I name unavailable, enter alternate name adopted for the purpose of	transacting business in Florida. The alternate name must include "I
iability Company," "L.L.C." or "LLC.")	·
Delaware	_{3.} 47-1278559
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
N/A	
(Date first transacted business	in Florida, (l'prior to registration.) 3, F.S. to determine penalty liability)
	5, F.S. to determine penalty liability)
8191 N. Tamiami Trail, #B3	
Sarasota, FL 34243	(*) ***
	oss of Principal Office)
5. P. O. Box 660	
Dinwiddie, VA 23841	
	iling Address)
7. The many side or annualty and address after an	
7. The name, title or capacity and address of the pe	
Jonnie R. Williams, Sr Sole Mer	nber and Manager
8191 N. Tamiami Trail, #B3	
Sarasota, FL 34243	
 Attached is an original certificate of existence, no print custody of records in the jurisdiction under the 	
naving custody of records in the jurisdiction under t	
naving custody of records in the jurisdiction under the control of	

Jonnie R. Williams, Sr.

Typed or printed name of signee

ŧ

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.

. The name a	nd the Florida street addre	ess of the registered agent and office are:	20 P
	C T Corporati	ion System	
		(Name)	
	1200 South P	Pine Island Road	
	Florida Street	t Address (P.O. Box NOT ACCEPTABLE)	_ ; •n
	Plantation	_{FI} 33324	
		City/State/Zip	_

Filing Fee for Application Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 100.00

\$ 25.00 \$ 30.00

5.00

Delaware

DAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NICOBINE, 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 AUGUST, A.D. 2014.

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

5556839 8300

141110171

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

AUTHENTICATION: 1648511

DATE: 08-26-14