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#### **COVER LETTER**

N	ame of Limited Liability Company
	iability Company for Authorization to Transact Business in Florida," Certificate above referenced foreign limited liability company to transact business in Florid
se return all correspondence concerning this	matter to the following:
Stacey Savige	
	Name of Person
Finonan, LLC	
	Firm/Company
5010 W Corm	on Ct
SO TO W Carme	3H 3t
5010 W Carme	Address
	Address
Tampa, FL 336	Address
Tampa, FL 336	Address  609  City/State and Zip Code
Tampa, FL 336	Address  609  City/State and Zip Code
Tampa, FL 336	Address  City/State and Zip Code  Qmail.com  ss: (to be used for future annual report notification)
Tampa, FL 336 stacey33600@	Address  City/State and Zip Code  Cymail.com  Ses: (to be used for future annual report notification)  case call:
Tampa, FL 336  stacey33600@  E-mail addre  further information concerning this matter, plants	Address  City/State and Zip Code  gmail.com  ss: (to be used for future annual report notification)  case call:  at (813) 864-4718

## , , , 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:

Finonan, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liab	ility Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting busines Liability Company," "L.L.C," or "LLC,")	s in Florida. The alternate name must include "Limited
2. North Carolina 3. 27-34	11008
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. Have not as of yet	
(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	1 1
5. 150 Fayetteville St., Raleigh, NC 2	7602 등 을 피
	13 Ta
(Street Address of Principal Offi	ce)
<sub>6.</sub> 5010 W Carmen St.	# # # # # # # # # # # # # # # # # # #
Tampa, FL 33609	8 <b>7</b>
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who ha	s/have authority to manage is/are:
Ryan Duncan - Marm	
5010 W Carmen St.	
Tampa, F1 33609	
8. Attached is an original certificate of existence, no more than 90 having custody of records in the jurisdiction under the law of whicacceptable. If the certificate is in a foreign language, a translation of must be submitted)	h it is organized. (A photocopy is not
TRADE	
Signature of an authorized (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmatic am aware that any false information submitted in a document to the Department of State constitutes.	on under the penalties of perjury that the facts stated herein are true

Ryan Duncan

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	:
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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:

### Stacey Savige

(Name)

### 5010 W Carmen St.

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa 33609

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 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)



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

l, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### FINONAN, L.L.C.

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 8th day of September, 2010, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

FILELU

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SECRETARIOR OF STATE
ATTACH AHASSEE, FLORIDA





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official scal at the City of Raleigh, this 6th day of October, 2014.

Elaine J. Marshall

Secretary of State