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SECRETARY OF STATE

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#### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

ICENSE, TAGS AND FRAMES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:	
CATHERINE VARVARIKOS	
Name of Person	_
LICENSE, TAGS AND FRAMES, LLC	
Firm/Company	
5582A N OCEAN BLVD	
Address	_
OCEAN RIDGE, FL 33435-7074	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CATHERINE VARVARIKOS at 561 733-3343	
Name of Contact Person Area Code Daytime Telephone Number	
TANK NO ADDRESS	

**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

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■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



October 21, 2014

CATHERINE VARARIKOS 5582A N OCEAN BLVD OCEAN RIDGE, FL 33435-7074

SUBJECT: LICENSE, TAGS AND FRAMES, LLC

Ref. Number: W14000064018

We have received your document for LICENSE, TAGS AND FRAMES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please complete the registered agents address.

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.

Tim Burch Regulatory Specialist II

Letter Number: 714A00022548

## 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. LICENSE, TAGS AND FRAMES, LLC			
(Name of Foreign Limited Liability 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 Liability Company," "L.L.C," or "LLC.")	me must inclu	de "Lin	nited
<sub>2.</sub> Delaware <sub>3.</sub> 273044797			_
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicate company is organized)	ble)		
4. 10/15/2014	<b>₩</b>		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	LC:	<b>4</b> ×	earlani
5, 5582A N OCEAN BLVD	金質	- A0	encessar.
OCEAN RIDGE, FL 33435-7074	RY O	ယ် အ	Server Server Server
(Street Address of Principal Office) 6. 5582A N OCEAN BLVD	F STAT	H .: ;	IJ
6. SSOZA N OCEAN BLVD		<u></u>	•
OCEAN RIDGE, FL 33435-7074  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to ma	anage is/ar	e:	-
OCEAN RIDGE, FL 33435-7074 (Mailing Address)	anage is/ar	e:	-
OCEAN RIDGE, FL 33435-7074  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to ma	icated by thotocopy	he of	

## 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:

#### LICENSE, TAGS AND FRAMES, 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:

**CATHERINE VARVARIKOS** 

(Name)

5582A N OCEAN BLVD

Address

OCEAN RIDGE, FL 33435-7074

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)

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LICENSE, TAGS AND FRAMES, 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-SECOND DAY OF OCTOBER, A.D. 2014.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUTHENTYCATION: 1802186

DATE: 10-22-14

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