Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000265596 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

Fax Number

: (702)866-2500 : (702)866-2689

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

Email	Address:	
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Foreign Limited Liability Company Galanaugh & Company LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

11111

COVER LETTER

SUBJECT:	Galanaugh & Company	LLC				
aobject:		Name of Limite	d Liability Company			
The enclose Existence, a	d "Application by Foreign Lin nd check are submitted to regi	ited Liability Com ster the above refer	pany for Authorizati enced foreign limite	on to Tri d lisbilit	ansact Business in Florida y company to transact bus	," Certificate of iness in Florida
Please return	n all correspondence concernis	g this matter to the	following:			
	. ,	H	(ylie McIndewar		•	
		N	ame of Person			-
	InCorp Services, Inc	• •				
	Firm/Сомраду				-	
	2360 Corporate Circle · Suite 400					
	Address					-
	Henderson, NV 8907	74-7739				
		City/S	tate and Zip Code			-
	E-ma	il address: (to be used	for future annual repi	ort notific	ation)	
For further i	nformation concerning this ma	tter, please call:				
Kylie	McIndewar on behalf of Ir	Corp Services In	c. 702		-2500	_
	Name of Contact	Person	Area Code	Da	ytime Telephone Number	_
Div Reg P.O	MLING ADDRESS: rision of Corporations gistration Section J. Box 6327 lahassee, FL 32314	Divisio Regista Clifton 2661 E:	TADDRESS: n of Corporations ation Section Building kecutive Center Circ ssee, FL 32301	łc		
Enclosed i	s a check for the followir					
	\$125.00 Filing Fee 🔲 \$130	.00 Filing Fee &	■ \$155.00 Filing	Fee &	☐ \$160.00 Filing Fee, (Certificate

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY ISINESS, IN THE STATE OF FLORIDA.

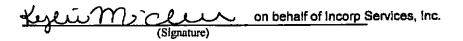
1. Galanaugh & Company LLC (Name of Foreign Limited	Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "LLC.	·")
(If name unavailable, enter alternate nar Liability Company," "L.L.C," or "LLC.	me adopted for the purpose of tra	nsacting business in Florida. The alternate name mu	st include "Limited
2. Delaware	•	51-0372271	
(Jurisdiction under the law of which company is organized)	foreign limited liability	(FEI number, if applicable)	
Upon Registration			
1)	Date first transacted business in F sections 605.0904 & 605.0905	lorida, if prior to registration.) F.S. to determine penalty liability)	
1201 Orange St, Suite 600		, as as as a same parameter and the same	三
Wilmington, DE 19899			
	(Street Address	of Principal Office)	
11924 Forest Hill Blvd, Suite	10A-219		Me.
Wellington, FL 33414		**************************************	
	(Mailin	(Address)	———音言
		•	77-
7. The name, title or capacity	and address of the perso	on(s) who has/have authority to manage	is/are:
Karen Galanaugh Manag	ing Member 11924 F	forest Hill Blvd, Suite 10A-219 Wellington,	FL 33414
		ore than 90 days old, duly authenticated law of which it is organized. (A photoc	
		translation of the certificate under oath	
nust be submitted)		,	
	1,1		
	Var Oo	ling	
n accordance with section 605 0703 FS o		authorized Herson tules an affirmation under the penalties of perjury that the	facts crated herein are true 1
		I State constitutes a third degree felory as provided for in	
KAREN	GALANAUGH		

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 Galanaugh & C	the Limited Liability Co ompany LLC	ompany is:	
If unavailable, the	he alternate to be used in	the state of Florida is:	
2. The name an	d the Florida street addr	ess of the registered agent and office are:	
	InCorp Services, Inc.		730 24
		(Name)	题 员 卫
	17888 67th Court North	h	1 - F
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		179 = C
	Loxahatchee	33470 FL	8: 19
		City/State/Zip	<u>,</u>

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.



\$ 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 "GALANAUGH & COMPANY 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 THIRD DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALANAUGH & COMPANY LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 1996.

2589448 8300

141341707

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

AUTHENTICATION: 1831692

DATE: 11-03-14