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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
. 4.	Office Use On	ly



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To Whom it May Concern:

If you have any questions, place call any time. my Cell is 954-695-8175

Best Wishes

Les Bloom

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cenchura LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica 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:	
Leslie A. Bloom (President)	
Name of Person	
Cenchura LLC	
Firm/Company	
8180 NW 44th Street	
Address	
Coral Springs, Florida 33065	1 (
City/State and Zip Code	<u> </u>
lesbloom@bellsouth.net	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Leslie A. Bloom _{at (} 954) 695-8175	
Name of Contact Person Area Code Daytime Telephone Number	
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	
Enclosed is a check for the following amount: \$\Bigsize \\$125.00 \text{ Filing Fee} \Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status} \Bigsize \Bigzize \Bigzize \Bigzize \Bigzize \Bizze \Bigzize \Bizze \Bizze \Bizze \Bizze \Bizze \Biz	

1/30/2015

Attn: Diane Cushing:

SUBJECT: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

TRANSACT BUSINESS IN FLORIDA

Fax: 1-850-245-6897

Dear Diane:

Good Wishes. Thank you so much for your help this morning. Attached is the Signed copy of our Application. As discussed, it is important that we get Cenchura LLC registered as soon as possible so we can do business in Florida and buy our new building.

Your assistance is most appreciated.

WA Bloom

If you have any questions, please call me on my cell phone at 954-695-8175.

Warm Regards,

Les Bloom

President

Cenchura LLC

must be submitted)

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:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate na Liability Company," "LLC," or "LLC.") 2. State of Wyoming Secretary of State 3. 38-3922624	ame must include "Limited
(Jurisdiction under the law of which foreign limited liability (FEI number, if applies company is organized)	able)
4. We expect to do business February 1, 2015	Es =
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	TAN T
5.	- 10 m
1712 Pioneer Ave. Ste. 5092	
(Street Address of Principal Office) 6. Cheyenne, WY 82001	် မ မ
Attn: Leslie Bloom 8180 NW 44th Street, Coral Springs	, Fl 33065
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to ma	anage is/are:
Attn: Leslie Bloom	•
President Cenchura LLC	
8180 NW 44th Street, Coral Springs, FI 33065	

cords in the jurisdiction under the law of which it is organized. (A photocopy is not rtificate is in a foreign language, a translation of the certificate under oath of the translator

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 herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

See attached signed Letter from Secretary of State of Wyoming

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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Cenchura 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: True Bloom LLC (attn Jenn Bloom) 837 Summerwood Drive Florida Street Address (P.O. Box NOT ACCEPTABLE) Jupiter

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**

Certified Copy (optional) 30.00

Certificate of Status (optional) 5.00

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Cenchura LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 10, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000657031**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of January, 2015 at 1:55 PM. This certificate is assigned 016945527.



Maj Massiele Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.