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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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15 FEB 24 PH 4: 56

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Cunoula CC 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:
Panda Cuningham Name of Person
Cunnoula, LLC Firm/Company
9074 The Lane Address
Nunedspa Quahro.com
Numedspa Qualito com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pamel a Cunningham at (432) 312-7011 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: \$\alpha\$\$\square\$

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. Cunoula, CC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "I	.L.C." or "LLC.")
(,	······,
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The a Liability Company," "L.L.C," or "LLC.")	Iternate name must include "Limited
2. Tuxas 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number company is organized)	, if applicable)
4. Na	ALEC: F
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 4704 N. County Rd	SS 24
Hidland TR 79705	OF ST
(Street Address of Principal Office) 6. Po Bok 1808	5.6 RIDA
Olessa, TK 79760 (Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authori	ty to manage is/are
	aldon the
Benjamin J. Cuningham, managing member Pamda S. Cuningham, managing member	alloss stro
Jamas J. Cungham, managing humber	above

8. Attached is an original certificate of existence, no more than 90 days old, duly having custody of records in the jurisdiction under the law of which it is organize acceptable. If the certificate is in a foreign language, a translation of the certificat must be submitted)	ed. (A photocopy is not
Ramedram	
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.)
Pancla Curi xham	

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:		
Curroula UC		-
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:	15 FE SELR TALLA	ana en
Panela Curingham	FEB 24 LRETURN LAHASS	nacean periodical
(Name)	PH 1	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	PM 4: 55 OF STATE E. FLORIDA	٠
Naples FL 34109 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)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Cunnouda, LLC (file number 801459180), a Domestic Limited Liability Company (LLC), was filed in this office on July 28, 2011.

It is further certified that the entity status in Texas is in existence.

15 FEB 24 PH 4: 56
SECRETARY OF STAIR
TALLAHASSEE, FLORID

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 19, 2015.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Coby Shorter, III Deputy Secretary of State