

M15000002114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

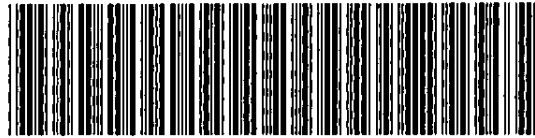
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-19489

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
OFFICE OF THE CLERK
15 MAR 18 PM 4:25
NOT RECORDED
15 ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 MAR 18 AM 11:06
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

M. Culligan MAR 23 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2015

FLORIDA FILING & SEARCH SERVICES

SUBJECT: SAFE HAVEN INTERNATIONAL, LLC
Ref. Number: W15000019489

We have received your document for SAFE HAVEN INTERNATIONAL, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

The document number of the name conflict is W15000014769.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 615A00005542

RECEIVED
DEPARTMENT OF STATE
15 MAR 20 PM 4:52

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/20/15

NAME: SAFE HAVEN INTERNATIONAL, LLC

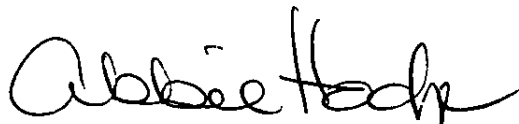
TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAFE HAVEN INTERNATIONAL, 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:

WILLIAM P. JACOBSON

Name of Person

WILLIAM P. JACOBSON P.A.

Firm/Company

105 S. NARCISSUS AVENUE #200

Address

WEST PALM BEACH, FLA 33401

City/State and Zip Code

BILL@WPJLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Jacobson

Name of Contact Person

at (**561**)

Area Code

833-4440

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:

☒ \$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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. **SAFE HAVEN INTERNATIONAL, LLC**
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SHI FLORIDA, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **DELAWARE** 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

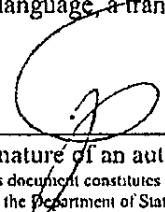
5. **105 S. NARCISSUS AVENUE SUITE 200**
WEST PALM BEACH FLORIDA 33401
(Street Address of Principal Office)

6. **105 S. NARCISSUS AVENUE SUITE 200**
WEST PALM BEACH FLORIDA 33401
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

WILLIAM P. JACOBSON MANAGER
105 S. NQARCISSUS AVENUE SUITE 200
WEST PALM BEACH FLORIDA 33401

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



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.)

WILLIAM P. JACOBSON

Typed or printed name of signee

FILED
2015 MAR 18 AM 11:06
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**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:

SAFE HAVEN INTERNATIONAL, LLC

If unavailable, the alternate to be used in the state of Florida is:

SHI, LLC

2. The name and the Florida street address of the registered agent and office are:

National Corporate Research, Ltd., Inc.

(Name)

155 Office Plaza Drive

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

Tallahassee

FL

32301

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)

FILED
2015 MAR 18 AM 11:06
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFE HAVEN INTERNATIONAL, 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 EIGHTEENTH DAY OF MARCH, A.D. 2015.

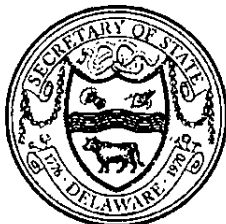
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFE HAVEN INTERNATIONAL, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2015.


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5712144 8300

150374687

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2211075

DATE: 03-18-15