Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045

Phone : (302)645-7400

Fax Number : (302)645-1280

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

Email Address: estela563@aol.com

Foreign Limited Liability Company Sandy multiservices and thrift store, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

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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. Sandy multiservices and thrift store, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "L.L.C." or "L.L.C.")

ability Company,""L.L.C," or "LLC.")				
Delaware (furisdiction under the law of which foreign limited liability	(1 ⁷ 21 number, i	·		
company is organized)	(1'd) number, o	i applicables:		
		<u> </u>	⊕	* d a#
(Dute first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.)	ادر کرد ماسد مراح	-33	å
(See sections 605,0904 & 605,0905, F.S.	to defermine penalty liability)	SS	$\stackrel{\triangleright}{\omega}$	** 54%
1828 Dixie Hwy, Lakeworth, FL 33460		ਜੌਜੇ~. (11,~		ć
		اب ري ابن		
		95	<u> </u>	gurum Turum
(Sirca Address of P	nncipal Office)	民員	ු ව	101
Same				
(Mailing Ac	23			
(Maning Ac	idress)			
The name, title or capacity and address of the person(s) who has/have authority	to manage is	/are:	
lanca E. Dely, Member, 2049 Polo Garden		_		14
nanca E. Dery, Wember, 2045 Fold Garden	is DI, APL 101, Well	ington, i L	55-	
is Dely, Member 14380 86th RD N, Loxahato	hee, FL 33470			
	· · · · · · · · · · · · · · · · · · ·			
				 -
Attached is an original certificate of existence, no more	than 90 days old, duly a	uthenticated b	v the	offici
iving custody of records in the jurisdiction under the law				
ceptable. If the certificate is in a foreign language, a trai				
ust be submitted)				
\sim 11.				
12/0				

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 perjusy that the facts stated herein are true. I am aware that any filse information submitted in a document to the Defautment of State constitutes a third degree follows as provided for in 8.817-155, F.S.)

Bianca E. Dely, Member

Typed or printed name of signee

(((H150000996043)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.01 13 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.

	THE STATE OF FLORIDA		MAIN REGISTERED
	of the Limited Liability C multiservices ar	ompany is: nd thrift store, LLC	
If unavailable	c, the alternate to be used in	ı the state of Florida is:	
2. The name	and the Florida street addi	ess of the registered agent and office	ce are:
	Blanca E. De	ly	AR AR
		(Name)	\$3.50 \$3.50
	2049 Polo Ga	ardens Dr. Apt 107	EE O P
	Florida Stree	Address (P.O. Box NOT ACCEPTABLE)	200
	Wellington	33#14	10A NO.
		FL City/State/Zip	
liability comp registered ag statutes relati	ony at the place designated ent and agree to act in this ing to the proper and compi	and to accept service of process for I in this certificate, I hereby accept to capacity. I further agree to comply lete performance of my duties, and I registered agent as provided for in C	the appointment as with the provisions of all am fumiliar with and
	\$ 100	.00 Filing Fee for Application	((([H150000996043)))
	\$ 25	.00 Designation of Registered A	igent
	\$ 30	.00 Certified Copy (optional)	

5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SANDY MULTISERVICES AND THRIFT STORE, 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-THIRD DAY OF APRIL, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANDY MULTISERVICES AND THRIFT STORE, LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2015.

AUTHENTICATION: 2316262

DATE: 04-23-15

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150554431

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