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PICK-UP WAIT MAIL	
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SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724 TOLL FREE: 844-541-6792

COVER LETTER

WALK IN
ENTITY NAME: 2722 Sheltingham LLC
CK#
AMOUNT: 130
PLEASE FILE THE ATTACHED AND RETURN: .
X PLAIN COPY + Cert. of good Standing
_ CERTIFIED COPY
PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

COVER LETTER

oun more.	2722 Sheltingham	LLC		
SUBJECT:		Name of I	Limited Liability Company	
The enclosed Existence, ar	d "Application by Fo ad check are submitt	oreign Limited Liability Comp ed to register the above refere	nany for Authorization to Tra enced foreign limited liability	insact Business in Florida," Certificate of company to transact business in Florid
Please return	all correspondence	concerning this matter to the	following:	
	Isela Calderon	•		
		N	ame of Person	
	Wolz Corpora	ile USA		
		Fi	rm/Company	
	36 South 18th	Avenue, Suite D		
			Address	
	Brighton, CO	80601		
		City/S	tate and Zip Code	
	isela@wolzcorp	porate.com		
		E-mail address: (to be used	for future annual report not	ification)
For further is	nformation concerni	ng this matter, please call:		
lse	la Calderon		303 655-96	59
	Name	of Contact Person		rtime Telephone Number
Div Re _į P.C	AILING ADDRESS vision of Corporation gistration Section D. Box 6327 llahassee, FL 32314		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section suilding secutive Center Circle see, FL 32301
Enclosed is	a check for the folio \$125.00 Filing Fee	wing amount: \$4 \$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 TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 603 (1902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	gn Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.	C.," or "LLC.")
f name unavailable, enter alt lability Company," "L.L.C."		ransacting business in Florida. The altern	ate name must include "Limited
New York		47-3945203	
(Jurisdiction under the law o	of which foreign limited liability	(FEI number, if app	-
Upon registration		•	77
	(Date first transacted business in	Florida, If prior to registration.)	26 55
2 Penn Plz, 26th Floor	(See sections 005.0904 & 005.0903	5, F.S. to determine penalty liability)	2015 HAY 13 AN EURO
27011112 200111001			
New York, NY 10121	_		
	(Street Address of Princ	ipal Office)	
P.O. Box 420			
Oyster Bay, NY 11771			7
	(Mailing Addi	ess)	
Name and street address	s of Florida registered agent: (P.O. I	Sox NOT accentable)	
	S ou s southi re@isceren v@eiii. (* .o		
realic and presentative	Pagistand Apent Solutions Inc.	1.10.00	
Name:	Registered Agent Solutions, Inc.		
	Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A		
Name:		22201	
Name: Office Address: legistered agent's accep	155 Office Plaza Dr., Suite A Tallahassee (City)	, Florida 32301 (Zip c	·
Name: Office Address: Registered agent's acceptaving been named as rehis application, I hereby with the provisions of alle	Tallahassee (City) tance: gistered agent and to accept service accept the appointment as registere statules relative to the fraper and co	, Florida 32301 (Zip conference of process for the above stated corputed agent and agree to act in this capa complete performance of my duties, a agent's signature)	oration at the place designated city. I further agree to compl
Name: Office Address: legistered agent's acceptiving been named as realist application, I hereby with the provisions of all the obligations of my past	Taliahassee (City) tance: gistered agent and to accept service accept the appointment as registere statules relative to the fraper and control as registered agent. (Registered Ricardo Oroz	, Florida 32301 (Zip conference of the above stated corputed agent and agree to act in this capa complete performance of my duties, a agent's signature) to, Vice President	pration at the place designated city. I further agree to compl nd I am familiar with and acc
Name: Office Address: Registered agent's acceptaving been named as rethis application, I hereby with the provisions of allahe obligations of my past	Tallahassee (City) tance: gistered agent and to accept service accept the appointment as registered attacks relative to the fraper and could be registered agent. (Registered Ricardo Oroza acity and address of the person(s) who	, Florida 32301 (Zip con of process for the above stated corput agent and agree to act in this capa complete performance of my duties, a signature) to, Vice President to manage is/are	pration at the place designated city. I further agree to compl nd I am familiar with and acc
Name: Office Address: Registered agent's acceptaving been named as rehis application, I hereby with the provisions of allahe obligations of my pasi	Taliahassee (City) tance: gistered agent and to accept service appellithe appointment as registere statules relative to the fraper and continuous registered agent. (Registered Ricardo Orozacity and address of the person(s) while the continuous process of the person of the	, Florida 32301 (Zip con process for the above stated corporate and agree to act in this capa complete performance of my duties, and agent's signature) to, Vice President to has/have authority to manage is/are any, NY 11771	pration at the place designated city. I further agree to compl nd I am familiar with and acc

degree felony as provided for in s.817.155, F.S.)

Scott Metsch, Authorized Person

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

State of New York Department of State } ss:

I hereby certify, that 2722 SHELTINGHAM LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/28/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 11th day of May two thousand and fifteen.

Anthony Giardina Executive Deputy Secretary of State

Duting Sicidina

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