· MUSU000007774

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of St	atus			
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer:				

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COVER LETTER

то:	Registration Section Division of Corporations	
CUDIE	Barbra Roa LLC	
SUBJE	Name of Limited Liability Company	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please i	eturn all correspondence concerning this matter to the following:	
	Barbra Roa	
	Name of Person	
	Firm/Company	
	9229 SW 170th Path	
	Address	
	Miami, FL 33196	
	City/State and Zip Code	
	BarbraRoa@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For furt	er information concerning this matter, please call:	
	Barbra Roa 305 798-1043	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32301	
Enclos	ed is a check for the following amount: State	

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

(Name of Foreign Limited Liability Company; must include "Limited Liability Company")	Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Finability Company," "L.L.C," or "L.L.C.") Nevada 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
(Date first transacted business in Florida, if prior to regis (See sections 605,0904 & 605,0905, F.S. to determine pena 9229 SW 170th Path Miami, FL 33196	stration.) alty liability)
(Street Address of Principal Office)	
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/hasarbra Roa	ve authority to manage istare:
lanager	
229 SW 170th Path Miami, FL 33196	8 7 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Attached is an original certificate of existence, no more than 90 days aving custody of records in the jurisdiction under the law of which it is cceptable. If the certificate is in a foreign language, a translation of the nust be submitted) Signature of an authorized personal contents of the submitted of the s	s organized. (A photocopy is not e certificate under oath of the transl
a accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under aware that any false information submitted in a document to the Department of State constitutes a third	er the penalties of perjury that the facts stated herein
Barbra Roa	

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.

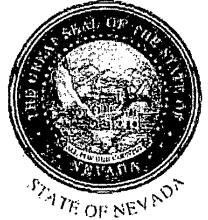
1. The name of	the Limited Liability (Company is:			
BARBRA RO	A, LLC				
If unavailable, th	e alternate to be used	in the state of Florida is:			
		ress of the registered agent and office are:			
	Business Fill	ngs Incorporated (Name)		~~*	
	1200 South F	Pine Island Road		5 MAY I	* 40*
Florida Street Address (P.O. Box NOT ACCEPTABLE)		82		*****	
	Plantation	FL 33324		AM 7:	
		City/State/Zip		(S)	

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.

Mary J. Spalinger, Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BARBRA ROA, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 5, 2014, and is in good standing in this state.

office on March 30, 2015.

IN WITNESS WHEREOF, I have hereunto set m hand and affixed the Great Seal of State; at my

BARBARA K. CEGAVSKE

Secretary of State

Electronic Certificate
Certificate Number: C20150330-0758
You may verify this electronic certificate
online at http://www.nvsos.gov/