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COVER LETTER

WALK IN
ENTITY NAME: Expressions Technologies LLC
CK #1728
amount: 155
PLEASE FILE THE ATTACHED AND RETURN:
PLAIN COPY
CERTIFIED COPY
PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER.
THANK YOU!
TINA GOFF, PRESIDENT

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:

If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C," or "LLC.")	of transacting business in Florida. The alternate name must include "Limited
Nevada	_{3.} 47-2064076
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
1. Upon filing	
(Date first transacted business (See sections 605.0904 & 605.09	s in Florida, if prior to registration.) 905, F.S. to determine penalty liability)
_{5.} 1007 North Federal Highway, F	=5
Fort Lauderdale, FL 33305	
(Street Add	dress of Principal Office)
_{5.} 1007 North Federal Highway, F	·5
Fort Lauderdale, FL 33305	
	The same of the sa
(M	failing Address)
·	Aug 🙍
7. The name, title or capacity and address of the p	Aug 🙍
7. The name, title or capacity and address of the p Jeffrey Duke, Member	person(s) who has/have authority to manage is/are:
7. The name, title or capacity and address of the p Jeffrey Duke, Member 1007 North Federal Highway, F5	person(s) who has/have authority to manage is/are:
7. The name, title or capacity and address of the p Jeffrey Duke, Member	person(s) who has/have authority to manage is/are:
7. The name, title or capacity and address of the p Jeffrey Duke, Member 1007 North Federal Highway, F5 Fort Lauderdale, FL 33305	person(s) who has/have authority to manage is/are
7. The name, title or capacity and address of the p Jeffrey Duke, Member 1007 North Federal Highway, F5 Fort Lauderdale, FL 33305 3. Attached is an original certificate of existence, in the jurisdiction under	no more than 90 days old, duly authenticated by the official the law of which it is organized. (A photocopy is not
7. The name, title or capacity and address of the p Jeffrey Duke, Member 1007 North Federal Highway, F5 Fort Lauderdale, FL 33305 3. Attached is an original certificate of existence, in the particular custody of records in the jurisdiction under acceptable. If the certificate is in a foreign language.	person(s) who has/have authority to manage is/are
7. The name, title or capacity and address of the p Jeffrey Duke, Member 1007 North Federal Highway, F5 Fort Lauderdale, FL 33305 3. Attached is an original certificate of existence, in the jurisdiction under	no more than 90 days old, duly authenticated by the official the law of which it is organized. (A photocopy is not
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Typed or printed name of signee

Jeffrey C. Duke

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: Expressions Technologies LLC				
If unavailable,	the alternate to be used in	the state of Florida is:		
2. The name a	and the Florida street addre	ss of the registered agent and office are:		
	Jeffrey C. Duk	Се		
		(Name)		
1007 North Federal Highway, F5				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Fort Lauderdale	FL 33304		
		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)

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, **EXPRESSIONS TECHNOLOGIES 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 October 10, 2014, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 28, 2015.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150528-3317
You may verify this electronic certificate
online at http://www.nvsos.gov/