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#### **COVER LETTER**

TO:

Registration Section

, Div	vision of Corporatio	ns	·			
SUBJECT:	Legal Prevention So	ervices, LLC				
	***************************************	Name o	f Limited Liability	Company		•
		reign Limited Liability Con ed to register the above refe				
Please return	n all correspondence	concerning this matter to th	e following:			
	John Cordova					
			Name of Person			•
	Legal Preventi	on Services, LLC				
	<del></del>		Firm/Company			
	485 Cayuga Ro	i Hangar Bay 4-2				
			Address			•
	Cheektowaga,	NY 14225				
	<del> </del>	City/	State and Zip Code	!		•
	jcor@legalpreve	ntionservices.com				
		E-mail address: (to be us	ed for future annua	l report not	lification)	
For further i	nformation concernir	ng this matter, please call:				
Vir	ncent Raphael		877 at (	790-70	91	
	Name	of Contact Person	Area Code	Day	time Telephone Number	-
Div Reg P.C	Vision of Corporation gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy	ng Fee &	■ \$160.00 Filing Fee, C of Status & Certified Co	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2015

JOHN CORDOVA 485 CAYUGA RD HANGAR BAY 4-2 CHECKTOWAGA, NY 14225

SUBJECT: LEGAL PREVENTION SERVICES, LLC

Ref. Number: W15000044578

We have received your document for LEGAL PREVENTION SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

Letter Number: 115A00013693

### 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:

(Name of Fo	reign Limited Liability Company; must inc	ude "Limited Liability Company," "L.L.C.,	" or "LLC.")
<b>(* 1.1.1.1.</b>		· · · · · · · · · · · · · · · · · · ·	,
(If name unavailable, enter a Liability Company," "L.L.C	alternate name adopted for the purpose of t	ansacting business in Florida. The alternate	name must include "Limited
2 New York	1	46-0634039	
	v of which foreign limited liability	(FBI number, if applica	ble)
4.			<del></del>
	(Date first transacted business in (See sections 605.0904 & 605.0905	F.S. to determine penalty liability)	
485 Cayuga Rd Hanga			
J			
Cheektowaga, NY 142			上書旨工
•	(Street Address of Princip	al Office)	一 数数 まり
6		·	
			<b>3</b>
<del></del>	Of the Address		<del>5</del> 5
	(Mailing Addres	9)	Fig. 28
Name and street addres	gs of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	Ti.m.
<b>&gt;</b> T	C T Corporation System		
Name:			
Office Address:	1200 South Pine Island Rd		
	Plantation	33324	
	- 19111991-Q11		
	(City)	Florida 33324	<del></del>
Registered agent's accep	(City)	(Zip code)	<del></del>
laving been named as re	(City) tance: gistered agent and to accept service oj	(Zip code)  *process for the above stated corporati	on at the place designated in
laving been named as re his application, I hereby	(City) tance: gistered agent and to accept service of accept the appointment as registered o	(Zip code)  process for the above stated corporati gent and agree to act in this capacity.	I further agree to comply
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## State of New York Department of State } ss:

I hereby certify, that LEGAL PREVENTION SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/04/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 30th day of March two thousand and fifteen.

Courting & contract

Executive Deputy Secretary of State