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COVER LETTER

TO:

ŢΟ:	Registration Section Division of Corporation	s				
			•			
SUBJ	ECT: Birdie Shack,	LLC				
			of Limited Liabilit	y Company		
The er Existe	nclosed "Application by Fornce, and check are submitte	eign Limited Liability Co I to register the above re	ompany for Authori ferenced foreign lir	zation to Ti nited liabili	ransact Business in Florida," ty company to transact busin	Certificate of ness in Florida.
Please	return all correspondence c	oncerning this matter to	the following:			
		Angela	Iacone-Rad	aelli		_
			Name of Person			
			ANNIKA			
	Firm/Company					
		5 Southsid	le Drive Ste	∋. 11-2	37	
			Address			
		~1 : 6:				
			n Park, NY ty/State and Zip Co			-
		.	cy. State and Exp Co			
		-	@annikaclub5			_
		E-mail address: (to be	used for future annu	ial report no	otification)	
For fu	rther information concerning	this matter, please call:				
	Angela Iacone-Rac	iaelli	at (<u>407)</u>	405	5355	_
	Name o	f Contact Person	Area Code	Daytim	e Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301	
Enclos	sed is a check for the follow \$125.00 Filing Fee	ng amount: \$130.00 Filing Fee & Certificate of Status	& ➤ \$155.00 I Certified Cop		\$ 160.00 Filing Fee, C of Status & Certified Co	



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 JUL 14 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 30, 2015

ANGELA IACONE-RADAELLI 5 SOUTHSIDE DRIVE STE. 11-237 CLIFTON PARK, FL 12065

SUBJECT: BIRDIE SHACK, LLC Ref. Number: W15000044556

We have received your document for BIRDIE SHACK, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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

Letter Number: 815A00013676

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 F	oreign Limited Liability Company; must include	Limited Liability Company," "L.L.C.," or "L	IC.,)
(If name unavailable, enter a Liability Company," "LLC,"	liternate name adopted for the purpose of transaction "LLC")	ng business in Florida. The alternate name m	nust include "Limited
2. Delaware (Jurisdiction under the law Company is organized)	w of which foreign limited liability 3. 47	(FEI number, if applicable)	
4. Upon Filing			
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S.)	ત્ર, if prior to registration.) to determine penalty liability)	
5. C/OANNIKA, 5 S	outhside Drive Ste. 11-237		
Clifton Park,	NY 12065		
	(Street Address of Principal Off	ice)	
6. C/O ANNIKA, 5 S	outhside Drive, Ste. 11-237		
Clifton Park,	NY 12065		
	(Mailing Address)		三部に
7. Name and street addre	ss of Florida registered agent: (P.O. Box NO	\underline{T} acceptable)	
Name:	CT Corporation System		量り
Office Address:	1200 Pine Island Road		
	Plantation	, Florida <u>33324</u>	-
Registered agent's accept	(City)	(Zip code)	
this application, I hereby	egistered agent and to accept service of proce accept the appointment as registered agent statutes relative to the proper and complete ition as registered agent.	and agree to act in this capacity. I furth	her agree to comply
	(Registered agent's	signature)	* *
8. The name, title or cap	acity and address of the person(s) who has/ha	ve authority to manage is/are:	
Annika Sorenstam,	President 5 Southside Drive, St	te. 11-237 Clifton Park, NY	12065
	e of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted) Signature of an autho	in a foreign language, a translation of the	
(In accordance with section	on 605.0203, F.S., the execution of this docum	nent constitutes an affirmation under the	penalties of perjury that

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

Angela Iacone-Radaelli

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

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BIRDIE SHACK, 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 SIXTEENTH DAY OF JUNE, A.D. 2015.

5767510 8300

150923358

AUTHENT CATION: 2470009

DATE: 06-16-15

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