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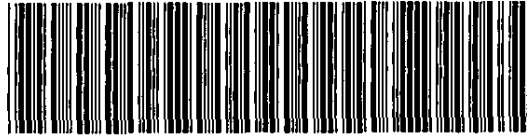
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SECRETARY OF STATE  
ALABAMA, FLORIDA

2015 AUG -5 P 3:39

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S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2015

LISA TRAINA  
362 GULF BREEZE PARKWAY, SUITE 184  
GULF BREEZE, FL 32561

SUBJECT: LISA D. TRAINA, CPA, L.L.C.  
Ref. Number: W15000049604

We have received your document for LISA D. TRAINA, CPA, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

PLEASE SIGN #7 REGISTERED AGENT'S ACCEPTANCE,

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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 415A00015503

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lisa D. Traina, CPA, L.L.C.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lisa Traina

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

362 Gulf Breeze Parkway, Suite 184

\_\_\_\_\_  
Address

Gulf Breeze, FL 32561

\_\_\_\_\_  
City/State and Zip Code

Lisa@TrainaCPA.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Traina

225

978-6567

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Lisa D. Traina, CPA, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Louisiana 3. 90-0258332  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/1/2015  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 362 Gulf Breeze Parkway, Suite 184  
Gulf Breeze, FL 32561  
(Street Address of Principal Office)


6. \_\_\_\_\_  
\_\_\_\_\_  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Lisa Traina  
Office Address: 2 Portofino Drive, #1804  
Gulf Breeze, Florida 32561  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Lisa Traina, Member  
2 Portofino Drive, #1804  
Gulf Breeze, FL 32561

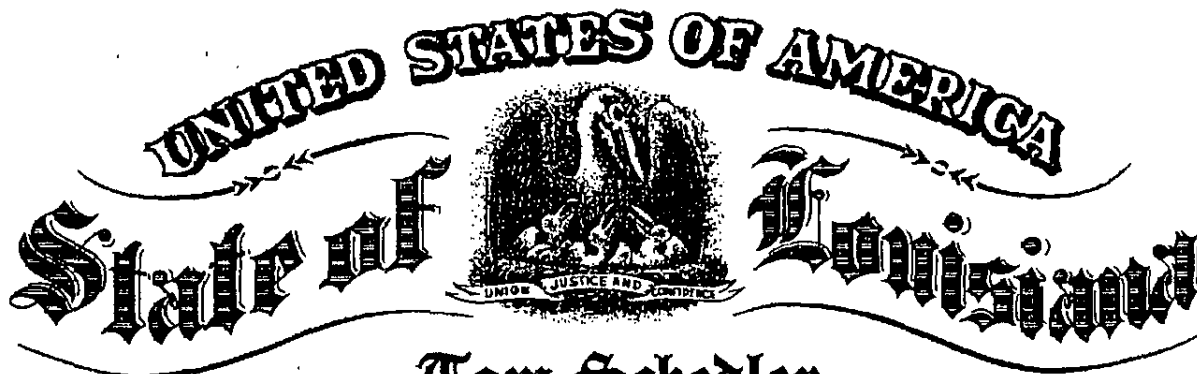
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lisa D. Traina  
Typed or printed name of signer

**FILED**  
2015 AUG -5 P 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Tom Schedler**

SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

the Articles of Organization of

**LISA D. TRAINA, CPA, L.L.C.**

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on December 30, 2003,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 25, 2015

*Secretary of State*

Web 35618631K



Certificate ID: 10612510#BFG62

To validate this certificate, visit the following web site, go to **Business Services**, Search for **Louisiana Business Filings**, Validate a Certificate, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)