(Requestor's Name) (Address) (Address)	800275838658
(City/State/Zip/Phone #)	08/10/1501039008 **125.00
(Business Entity Name) (Document Number) tified Copies Certificates of Status pecial Instructions to Filing Officer:	FILED 2015 AUG 24 PH 3:55 ANT AHASSEE FI GADA
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COVER LETTER

Scenic Holdings Group Name of Limited Gability 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: Abla Win Name of Person iAms Firm/Company 1658 N.E. 175 Address Street MIQMI, FL City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Williams at 305 978-5824 FContact Person Area Code Daytime Telephone Number PAGIA

MAILING ADDRESS: **Division of Corporations Registration Section** P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:

Registration Section Division of Corporations

> 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

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2015

PABLA WILLIAMS 1658 NE 175 STREET MIAMI, FL 33162

SUBJECT: SCENIC HOLDINGS GROUP, LLC Ref. Number: W15000054048

We have received your document for SCENIC HOLDINGS GROUP, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Nevsa Culligan Regulatory: Specialist II Letter Number: 215A00016941 2 in

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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. <u>Scenic</u> <u>Holdings</u> <u>Group LLC</u> (Name of Foreign Limited Liability Company: Just include "Limited Liability Company." "LLC." 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." "LLC." or "LLC." 2. <u>NEVACA</u> (Durisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0903; F.S. to determine penalty liability) 5. <u>IbSD WE ITS Street</u> MEANI, <u>FL 33162</u> (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: <u>Pabla</u> <u>Willlams</u> , <u>Manage</u> <u>IbSD NE ITS Street</u> <u>MEANI</u> , <u>FL 33162</u>	APPL	ICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited iability Company." "L.L.C." or "I.L.C.") Nevada (Jurisdiction under the law of which foreign limited liability (Date first transacted business in Florida. if prior to registration.) (See sections 605.0904 & 605.0905. F.S. to determine penalty liability) (Date first transacted business in Florida. if prior to registration.) (See sections 605.0904 & 605.0905. F.S. to determine penalty liability) (See sections 605.0904 & 605.0905. F.S. to determine penalty liability) (See sections 605.0904 & 605.0905. F.S. to determine penalty liability) (See sections 605.0904 & 605.0905. F.S. to determine penalty liability) (See sections 605.0904 & 605.0905. F.S. to determine penalty liability) (See sections 605.0904 & 605.0905. F.S. to determine penalty liability) (Matiling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Pabla Willlams, Manage LSS8 NE 175 St.		
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Liability Company: ""LLC." or "LLC." 2. NeVada (Unrisdiction under the law of which foreign limited liability company is organized) 4. (Date first transacted business in Florida. if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. [ISSO NE ITS Street] Meami , FL 331/62 (Street Address of Principal Office) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Pabla Williams, Manage IbSO NE ITS Street 2. (Mailing Address)		(Name of Foreign Enniced Endomy Company Agust include Examined Endomy Company, E.E.C., or E.E.C.)
Company is organized) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. (B5B NE ITS Street Meami , FL 337162 (Street Address of Principal Office) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Pabla Williams, Manage IbSB NE ITS St.	If name una Jiability Co	vailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited mpany," "L.L.C." or "LLC.")
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Mami, FL 33/62 (Street Address of Principal Office) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Pabla Williams, Manager 1658 NE 175 St		
(Street Address of Principal Office) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Pabla Williams, Manage 1658 NE 175 St	5. <u> </u>	,58 DE 175 Streel
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(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Pabla Williams, Manage 1658 NE 175 St		
Pabla Williams, Manager 1658 DE 175 St.		(Mailing Address)
1658 NE 175 ST.	7. The n	ame, title or capacity and address of the person(s) who has/have authority to manage is/are:
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Miami, FL 33/62'	{- 1	LED 10- LAF CF.
Miami, FL 33/62'	<u> </u>	6JONE ILJ ST

8. Attached is an original 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. (A photocopy is not acceptable. 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 (In accordance with section 605.0203, F.S., the execution of this document 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 degree felony as provided for in \$ 817,155, F.S.)

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W PABLA WilliAms Typed or printed name of signee

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:

Scenic Holdings Group, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Pabla Williams (Name) 1658 NE 175 ST Florida Street Address (P.O. Box NOT ACCEPTABLE) Miami, FL 33/62

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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.

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



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, **SCENIC HOLDINGS GROUP**, 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 May 27, 2015, and is in good standing in this state.



Electronic Certificate Certificate Number: C20150710-1576 You may verify this electronic certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 10, 2015.

alana K. Cegevske

BARBARA K. CEGAVSKE Secretary of State