# MECOODAY

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SEP 1.1 2015 S. YOUNG

#### **COVER LETTER**

то:	Registration Division of C		S			¥	
SUBJI	PLASTI	K CERRAH	I, LLC				
			Name of	Limited Liability (	Company		
			ign Limited Liability Com to register the above refer				
Please	return all corres	spondence co	oncerning this matter to the	following:			
	ERI	C HOWELI	_				
			N	ame of Person	<del>, ,</del>		
	HSG	G ACCOUN	TING				
			F	irm/Company	<del></del>		·· <del>·····</del>
	201	2 LISENBY	AVE. SUITE A				
			· · · · · · · · · · · · · · · · · · ·	Address			"協力
	PAI	NAMA CIT	Y, FL 32405				显言点
			City/S	tate and Zip Code			- 7
	ERIC	@HSGACC	COUNTING.COM				Carried Same
	<del></del>		E-mail address: (to be use	d for future annual	report not	ification)	, T. UT
For fu	ther information	n concerning	this matter, please call:				
	ERIC HOW	ELL, ACCO	UNTANT	850 at (	215-309	93	
		Name of	Contact Person	Area Code	Day	time Telephone Nu	mber
	MAILING A Division of C Registration 9 P.O. Box 632 Tallahassee, 1	Corporations Section 27			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding secutive Center Circlete, FL 32301	e
Enclos	ed is a check fo ■ \$125.00 F		ng amount:  \$\Bigsire\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing of Status & Certif	

### 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:

	ternate name adopted for the purpose of transacti	ng business in Florida. The alternate nan	ne must include "Limited
Liability Company," "L.L.C,		N. ICD COD	
2. DELAWARE	of which foreign limited liability	PLIED FOR (FEI number, if applicable)	
company is organized)	or which foreign innited hability	(i El minoer, il applicable)	•
4. 9/15/15			<del>_</del>
5. 1702 OHIO AVE.	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	, if prior to registration.) o determine penalty liability)	
LYNN HAVEN, FL 32			<u>-</u>
1702 OUIO AVE	(Street Address of Principal Off	ice)	
6. 1702 OHIO AVE.			<del>-</del>
LYNN HAVEN, FL 32	2444		
	(Mailing Address)		山角兀
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NC</u>	<u>)T</u> acceptable)	
Name:	HSG ACCOUNTING		
	2012 LISENBY AVE. SUITE A	<u>,                                      </u>	
Office Address:			
	PANAMA CITY	, Florida 32405	· · · · · · · · · · · · · · · · · · ·
Registered agent's accep	(City)	(Zip code)	
	gistered agent and to accept service of proc tion, I hereby accept the appointment as reg ons of all statutes relative to the proper and	gistered agent and agree to act in th	is capacity. I further agr
to complywith the provisi accept the obligations of l	my position as registered agent.  (Registered agent's	_	-
to complywith the provision accept the obligations of the obligations of the control of the cont	(Registered agent's	_	_
to complywith the provising accept the obligations of a second the obligations of a second the seco	(Registered agent's	_	<del>-</del>
to complywith the provisi accept the obligations of l	(Registered agent's acity and address of the person(s) who has/ha	_	

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.

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "PLASTIK CERRAHI, 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 SEVENTEENTH DAY OF JULY, A.D. 2015.

5781478 8300

151063440

AUTHENTICATION: 2568500

DATE: 07-17-15

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