# M15000008157

(Requestor's Name)								
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(,								
PICK-UP WAIT MAIL								
(Business Entity Name)								
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(Document Number)								
Certified Copies Certificates of Status								
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#### ' COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	CAMDEN ROW INVESTMENTS I	LLC					
		Name of Limited Liability	Company				
			ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida				
Please	return all correspondence concerning this m	natter to the following:					
	Steven M Handy						
		Name of Person					
CAMDEN ROW INVESTMENTS LLC							
Firm/Company							
220 S. Magnolia Ave							
Address							
	Sanford, FL 32771						
City/State and Zip Code							
	steve@efcg.net						
	E-mail address	s: (to be used for future annual	report notification)				
For fur	ther information concerning this matter, plea	ase call:					
	Steven M Handy	407 at (	878-5945				
	Name of Contact Person		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				
Enclose	ed is a check for the following amount:  \$\Boxed{\Boxes} \\$ \\$ 125.00 \text{ Filing Fee} \Boxed{\Boxes} \\$ \$\\$ \$130.00 \text{ Filing Fee} \text{ Certificate of S}		ng Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy				



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2015

BARBARA HANDY 220 S MAGNOLIA AVE SANFORD, FL 32771

SUBJECT: CAMDEN ROW INVESTMENTS LLC

Ref. Number: W15000057266

2015 OCT -7 AH 9: 55

We have received your document for CAMDEN ROW INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

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 calls (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 115A00019581



RECEIVED

15 SEP 15 PH 4: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 27, 2015

BARBARA HANDY 220 S MAGNOLIA AVE SANFORD, FL 32771

SUBJECT: CAMDEN ROW INVESTMENTS LLC

Ref. Number: W15000057266

We have received your document for CAMDEN ROW INVESTMENTS LLC and your check(s) totaling \$130.00. 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.

Street address must be included in line 5.,

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 515A00018212

2015 OCT -7 AH 9: 55

#### 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 RUNNESS, IN THE STATE OF FLORIDA:

1. CAMDEN ROW INVE	ESTMENTS LLC cign Limited Liability Company; must	i inclu	de "Limited Lial	oility Company.""L.L.C.," or	LLC.")		-
If name unavailable, enter al Liability Company," "L.L.C.	tternate name adopted for the purpose	of tra	nsacting busines	s in Florida. The alternate nam	e must inclu	ıde "Lir	 nited
Wyoming	or bloc.	2	47-4744628				
<u> </u>	of which foreign limited liability	3.	AND THE RESIDENCE OF THE PARTY	(FEI number, if applicable)			-
4	(Data first and and his in a	- i- F	lacida ificaisas				
5 220 S. Magnolia Ave	(Date first transacted busines (See sections 605.0904 & 605.0	)905,	F.S. to determine	e penalty liability)	SECR	2015 OCT	eniziĝe (la 2 1
Sanford, FL 32771					LIAR	JT -7	EDECTALES EDECTATES
5. 220 S. Magnolia Ave	(Street Address of P	rincip	al Office)			H	1
Sanford, FL 32771	(Mailing A	ddeoc	<u>,                                    </u>		ON TARK	9: 55	Ny . I an i
					<u>;</u> -		
7. Name and street addres	ss of Florida registered agent: (P.C	). Bo	x <u>NOT</u> accept	able)			
Name:	Anthony Zirkle			-			
Office Address:	2762 Ridgewood Ave #94			_			
	Sanford			, Florida <u>32771</u> (Zin and)			
Registered agent's accep	(City)			(Zip code)			
his application, I hereby	and 2	ered a l com	gent and agree	e to act in this capacity. I fi	urther agr	ee to c	omply
•	ecity and address of the person(s)			,			
Managing Member - Stev	en Martin Handy 220 S. Magnolia	ı Ave	Sanford, FL 3	2771			
Member - Dodi Beth Har	dy 220 S. Magnolia Ave Sanford.	, FL 3	2771				
	of existence, no more than 90 day of which it is organized. (If the ceal abmitted)						
	Signature of	Tan-é	iniorized persor	7	\		
	in accordance with section 605.02 the Department of State constitut					mation	

Typed or printed name of signce

Steven Handy

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### Camden Row Investments, LLC

is a **Limited Liability Company** 

formed or qualified under the laws of Wyoming did on **August 7, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000692404**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of September, 2015 at 1:38 PM. This certificate is assigned 018470934.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.