## 1415000008257

(Red	questor's Name)				
(Address)					
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(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nar	me)			
(Doc	ument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to F	iling Officer:				

Office Use Only



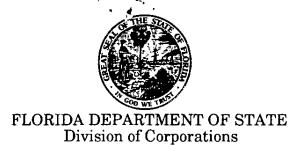
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SECRETARY OF STATE

OCT 15 2015 Y SULKER

W15-67035



October 8, 2015

MEREDITH HARRIS 13670 METRAPOLIS AVE STE 101 FORT MYERS, FL 33912 US

SUBJECT: MEREDITH HARRIS LLC

Ref. Number: W15000067035

We have received your document for MEREDITH HARRIS LLC and your check(s) totaling \$130.00. 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.

Yasemin Y Sulker Regulatory Specialist II

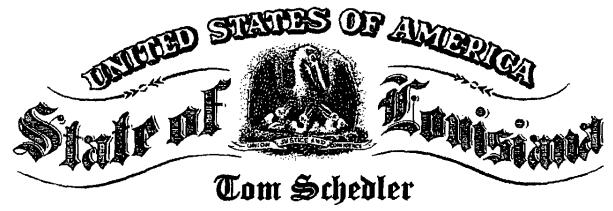
Letter Number: 615A00021371

## COVER LETTER

10:	Registration Section Division of Corporatio	ns			
SUBJE	СТ:	Merad Name of	M Hav r Limited Liability Cor		L.C
The end Existen	closed "Application by Foce, and check are submitted	reign Limited Liability Comp ed to register the above refer	pany for Authorizatio enced foreign limited	on to Transa I liability co	ct Business in Florida," Certificate of mpany to transact business in Florida.
Please	eturn all correspondence	concerning this matter to the	following:		
		Mey	euth Har	ris	
		Y	Meredin !	Harris	L.L.C.
		1	3670 Address	Metr	opolis Ave Ste 10
		FORT Myev	S FL 3	3917	2
	Mer	E-mail address: (to be used	LCSW @	on Ma	il. COM
For furt	her information concernin	g this matter, please call:			
	Mered 14h	Havia of Contact Person	at () Area Code	Baytime	-7217 e Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		D   Ri   C   26	TREET AD Division of C egistration S lifton Build 661 Executi fallahassee, I	orporations Section ing ve Center Circle
Enclose	d is a check for the follow  ☐ \$125.00 Filing Fee	ring amount:  \$\sum_{130.00} \text{Filing Fee & Certificate of Status}	☐ \$155.00 Filing F		\$160.00 Filing Fee, Certificate Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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. Meredyth Harris LLC
(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. Louis Awa (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5
13670 Metropolis Ave Suite 101
(Street Address of Principal Office)  FOLT MUCK, FL. 33912
**
13670 Metripolis Are Suite 101 Fort myes, FL.33912
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Merculh Harry
Office Address: 13670 Metropola Ave Surte101
FORT Myen, Florida FL 33773 ~
Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability monpany of the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Curther agree to complywith 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:
Meredin Harris MGR
13670 Metropolis Are Suite 101
- FORT MUM, FL 33912
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)
Muchala Heur
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.
Typed or printed name of signee



SECRETARY OF STATE

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

## MEREDITH HARRIS, L.L.C.

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on May 02, 2003,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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,

October 15, 2015

Certificate ID: 10645556#JUL73

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

Web 35475032K