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SECRETARY OF STATE
OF ALL SEEF, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2015

MAXWELL LAPIN 1139 ABBEYS WAY TAMPA, FL 33602

SUBJECT: VALUE PRICE, LLC Ref. Number: W15000066055

We have received your document for VALUE PRICE, 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.

SCREEN PRINT NOT ACCEPTABLE - NEED CA CERTIFICATE OF GOOD STANDING,

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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

www.sunbiz.org

Letter Number: 615A00021010

COVER LETTER

TO: Registration Section

Division of Corporations			
SUBJECT: \\ALUE	Price LL		
SUBJECT: MACOC	Name of I	Limited Liability Company	W
The enclosed "Application by Forei Existence, and check are submitted	gn Limited Liability Comp to register the above refere	eany for Authorization to Tra	insact Business in Florida," Certificate of company to transact business in Florida
Please return all correspondence cor	ncerning this matter to the	following:	
	MAXWELL	ame of Person	
	Value Pric	rm/Company	
	1139	ACISEY) (Address	w/
	City/S	WA FC 3 tate and Zip Code	3605
 	Marine ((Gp.) E-mail address: (to be used	e gual. Com	ification)
For further information concerning	this matter, please call:		
Name of	Contact Person		77-8545 rtime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding ecutive Center Circle see, FL 32301
	g amount: ☐ \$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

	ION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO R SINESS IN THE STATE OF FLORIDA:	EGISTER A FO	OREIGN	LIMITED LIA	BILITY
_	AUE TRICE LLC gn Limited Liability Company; must include "Limited Liability Company," "	L.L.C.," or "L	LC.")		
(If name unavailable, enter alte Liability Company," "L.L.C,"	ernate name adopted for the purpose of transacting business in Florida. The a	lternate name	must inc	lude "Limited	i
	-	0177			
(Jurisdiction under the law o company is organized)	f which foreign limited liability 3. 27 - 2CO (FEI number, if	applicable)			
4					
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)				
5	1139 ATTRY I WAY				
	(Street Address of Principal Office)				
,	1139 ATTOER 1 Way				
6	MS1 ABBETS COL	• •	*- **		
	TAMPA FR 33602				
	(Mailing Address)	즐겼	2915 NOV		
7. Name and street address	of Florida registered agent: (P.O. Box NOT acceptable)			- Contraction	
Name:	Max Lapon		0 >		
Office Address:	1139 ABDEYS und	STAT	∴ =	0	
	Taura , Florida 5	3652	$\ddot{\omega}$		
Registered agent's accepta		ip code)			
Having been named as reg designated in this applicati to complywith the provision	ristered agent and to accept service of process for the above stated li ion, I hereby accept the appointment as registered agent and agree t ns of all statutes relative to the proper and complete performance o	o act in this	capacit	y. I further	agree
accept the obligations of m	sy position as registered agent.				
_					
	(Registered agent's signature)				
8. The name, title or capac	city and address of the person(s) who has/have authority to manage is	are:			
	Mrx LApin CO-DWARR/MAMAGER				
	1139 ATTREES WAY			_	
	JAWA ZL 37602			_	
9. Attached is a certificate of jurisdiction under the law of the translator must be sul	of existence, no more than 90 days old, duly authenticated by the office of which it is organized. (If the certificate is in a foreign language, a transmitted)	cial having cu anslation of t	istody o he certi	of records in ficate under	the oath
-	Signature of an authorized person				
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aw the Department of State constitutes a third degree felony as provided	are that any to for in s.817.1	false inf 55, F.S	ormation	
	MAXWELL LAPIN				
	Typed or printed name of signee				

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: VALUE PRICE, LLC

FILE NUMBER:

201013710003

FORMATION DATE:

05/14/2010

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 29, 2015.

ALEX PADILLA Secretary of State