M15000009054

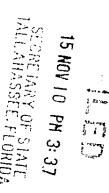
(R€	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600276349006

08/28/15--01009--005 **125.00



NOV 1 2 2015 J SHIVERS





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2015

ROSA ACOSTA PO BOX 17232 CLEARWATER, FL 33762

SUBJECT: LIGHTNING PROPERTY GROUP LLC

Ref. Number: W15000057721

We have received your document for LIGHTNING PROPERTY GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00018324

COVER LETTER

SUBJECT:	LIGHTNING	PROPERTY	GROUP	LLC
SUBJECT.		Limited Liability Company		
	lication by Foreign Limited Liability ck are submitted to register the abov			
Please return all co	rrespondence concerning this matter	to the following:		
_	Rosa 1	1 Costa		
		Name of Person		
	4°6HTNING	PROPERTY	GROUP	uc
-		Firm/Company		
	70 B	oc 1723	32	
_		Address		-
	Clearwat	50 F	327(1)	
_	Cicamai	City/State and Zip Code		
	Doeal	laelicadm	C N . A A	
_	E-mail address: (to	be used for future annual repo	ort notification)	
For further informa	ation concerning this matter, please	call:		
,	7 -		11/-3	0301
\	Name of Contact Person	at (+2+)	49 5.	phone Number
			Daytille Tele	phone Number
		STREET ADDRESS: Division of Corporations		
-		Registration Section		
P.O. Box Tallahass		Clifton Building 2661 Executive Center Circ	le	
		Tallahassee, FL 32301		
Enclosed is a cl	heck for the following amount	•		
50 \$125.0	00 Filing Fee	Fee & \$\Bigsize \$155.00 Filing atus Certified Cop		0.00 Filing Fee, Certificate tatus & Certified Copy

Rejected Filing 8/31/2015-Document # W15000057721

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

IN COMPLIANCE WITH SECTION 6060002 FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: LIGHTNING PROPERTY GROUP, LLC

(Name of Poraign Lumited Liability Company; must include "Limited Liability Company." "LLC.," or "LLC.") (if same unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (FBI number, if applicable) which foreign limited liability company is organized) (Date first transacted business in Florids, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) (Mailing Address) 7. Name and spreet address of Florida registered agent: (P.O. Box NOT acceptable) **Business Filings Incorporated** Name: 1200 South Pine Island Road Office Address: Florida 33324 Plantation (City) Registered agent's acceptance: Having been named as registered agant and to accept zervice of process for the above stated corporation at the place designated in this application, 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 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. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: 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) seguidate 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.

Hoosta

Typed or printed name of signer

Manage





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 Sceretary of State, at the date of this certificate, evidence, LIGHTNING PROPERTY 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 July 16, 2015, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20151102-0443
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 Scal of State at my office on November 2, 2015.

liona K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

PH 3:37 OF STATE OF LORIDA