# M15 00 0009067

(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	<del>:</del> #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
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TALLAHASSEE FINGE





## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2015

CSC

SUBJECT: 431, LLC

Ref. Number: W15000074288

NOV 12 PM 4: 25
NOV 12 PM 4: 25
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILE

RESUBMIT

Please give original submission date as file date.

We have received your document for 431, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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: 515A00023843

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 866092 7782254

AUTHORIZATION

COST LIMIT : \$1.60.00

ORDER DATE: November 9, 2015

ORDER TIME : 9:20 AM

ORDER NO. : 866092-005

CUSTOMER NO: 7782254

#### FOREIGN FILINGS

NAME: 431, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### **COVER LETTER**

то:		ation Section of Corporation	ıs				
SUBJE		, LLC					
5656	···		Name of l	Limited Liability (	Сотралу		• •
The end Existen	closed "Ap	oplication by For eck are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza	ition to Tra ted liability	nsact Business in Florida, company to transact busin	" Certificate of ness in Florida
Please	return all o	correspondence c	oncerning this matter to the	following:			
		Brenda Horton					
			Na	ame of Person			-
		431, LLC					
Firm/Company							•
		28334 Churchil	l Smith Lane				
				Address			•
		Mount Dora, Fl	orida 32757				
			City/St	ate and Zip Code			-
	ì	nortonb@advose					
	_		E-mail address: (to be used	for future annual	report not	fication)	•
For fur	ther inform	nation concerning	g this matter, please call:				
	Brenda	Horton		352	385-143	31	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	-
	Division Registra P.O. Box	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314			Division of Registratic Clifton Board 2661 Execution 2661 Executio	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		ck for the follow 00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin	ng Fee &	\$160.00 Filing Fee, Cof Status & Certified Co	

### 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. 431, LLC	ISINESS IN THE STATE OF FLORIDA:				
(Name of Fore	ign Limited Liability Company; must in	clude "Limited Liab	ility Company," "L.L.C.,"	or "LLC.")	<del></del>
If name unavailable, enter alt	ternate name adopted for the purpose of	transacting business	in Florida. The alternate n	ame must ir	rclude "Limited
Delaware	0. 220. )	2 51-0299119			
(Jurisdiction under the law of company is organized)	of which foreign limited liability	J	(FEI number, if applicab	le)	*
4.	•				
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in (See sections 605.0904 & 605.090	n Florida, if prior to )5, F.S. to determine	registration.) penalty liability)	<del></del> .	
5. 28334 Churchill Smith	•			<del></del>	
Mount Dora, Florida 3					
	(Street Address of Prince	cipal Office)	-		
5. 28334 Churchill Smith	Lane		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	∑ഗ	
Mount Dora, Florida 3:	2757			- C3	ე <b>ლ</b>
· · · · · · · · · · · · · · · · · · ·	(Mailing Add	ress)			AON
7. Name and street address	s of Florida registered agent: (P.O.)	Box NOT accepts	ble)	SS	- i
Name:	Corporation Service Company			E Q	2
Office Address:	1201 Hays Street			100 100 100 100 100 100 100 100 100 100	H Paris
	Tallahassee		, Florida 32301	AID,	<u></u>
Registered agent's accept	(City)	<del>-</del>	(Zip code)	<u></u>	
Having been named as req designated in this applicat to complywith the provision	gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro- my position as peristered agent. Corporation Reprice Company By:	nt as registered ag	ent and agree to act in performance of my duti	this capaci ies, and I a	ity. I further agree
8. The name, title or capa	city and address of the person(s) wh	o has/have authori	ty to manage is/are:		
Kelly McCrann, Chief Exc	ecutive Officer, 2520 Wrangle Hill I	Road, Suite 200, B	ear, DE 19701		
Kathleen Shea, Chief Fina	ncial Officer, 2520 Wrangle Hill Ro	oad, Suite 200, Bea	ar, DE 19701	н	_
		-		,	1
Attached is a certificate urisdiction under the law of the translator must be su	Kathle	old, duly authenticaticate is in a forcig  MHU  an authorized person	ated by the official havir n language, a translation	ig custody of the cert	of records in the tificate under oath
This document is executed	in accordance with section 605.020		tatutes. I am aware that a	ny false in	formation

Typed or printed name of signee

Kathleen Shea

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "431, 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 NINTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "431, LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 1987.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

15 NOV 10 AM 7:49

Authentication: 10390216

Date: 11-09-15

2118028 8300 SR# 20150845451

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