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COVER LETTER

TO:	Registration Section Division of Corporation	ns						
SUBJE	ct: STI	USON RE	ALT Name of L	Y, LLC imited Liability C	ompany	·		
The enc Existence	losed "Application by Fore, and check are submitted	reign Limited Liabilied to register the abo	ity Compa	any for Authorizat aced foreign limite	ion to Trai ed liability	nsact Business in Florida," Certificate company to transact business in Flori	e of rida	
Please re	eturn all correspondence	concerning this matte	er to the f	ollowing:				
		SON N	J G U V Nai	YEN me of Person				
STINSON REALTY, LLC Firm/Company								
9511 STINSON LN Address								
WESTMINSTER, CA 92683 City/State and Zip Code								
		Sonnguy E-mail address: (to	en 10 o be used	55 Ogma for future annual	report noti	fication)		
For furtl	ner information concernit	ng this matter, please	call:				•	
	SON NEW	YEN of Contact Person		at (714 Area Code) <u>26</u> Dayt	1 - 4186 Lime Telephone Number		
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314				Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
Enclose	d is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Certificate of State		☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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 BUSINESS IN THE STATE OF FLORIDA: STINSON REALTY LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") ANNAM REALTY 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.") . CALIFORNIA
(Jurisdiction under the law of which foreign limited liability 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) 9511 STINSON (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NORTHWEST REGISTERED AGENT LLC Name: 3030 N. Rocky Point Drive, STE 150A Office Address: **TAMPA** Registered agent's acceptance: Having been named as registered agent and to accept service 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. Tom Glover/Secretary/Northwest Registered Agent LLC 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: SON NGUYEN MANAGER STINSON UN WESTMINSTER CA 92683 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) 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.

SON NGUYEN

Typed or printed name of signee

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: STINSON REALTY, LLC

FILE NUMBER:

201530110030

FORMATION DATE:

10/26/2015

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

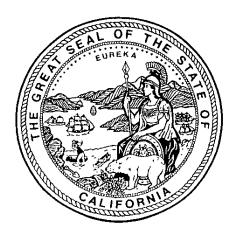
STATUS:

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 December 1, 2015.

ALEX PADILLA Secretary of State