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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doc	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to 5	iling Officer			
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation	ns		·	
SUBJECT:	La kota Name of	Properties C Limited Liability Company	ilc	
			ansact Business in Florida," Certificate of y company to transact business in Florida	
Please return all correspondence	concerning this matter to the	following:		
	Katherine N	L. Justice		
Lakota Properties LLC Firm/Company				
	- Fi 	rm/Comp a ny		
	1310 Adam	S S+		
		Address		
	Longwood	1, FL 32 75 tate and Zip Code	<u>-</u> 0	
	City/S	tate and Zip Code		
	KaJuso	Cf./. rr. com d for future annual report not		
 .	E-mail address: (to be used	d for future annual report no	tification)	
For further information concerning	g this matter, please call:			
Ki-theriule J	 ustra	at (407) 83	×-6591	
Ku-Therine J Name o	of Contact Person	Area Code Day	time Telephone Number	
MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton E 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
Enclosed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	



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FLORIDA DEPARTMENT OF STATE CALLANASSEE, FLORIDA

January 29, 2016

KATHERINE L JUSTICE 1310 ADAMS ST LONGWOOD, FL 32750

SUBJECT: LAKOTA PROPERTIES LLC

Ref. Number: W16000006667

16 FEB 16 PM 3: 26 SECRETAINY OF STATES TALLAHASSEE, FLORIDE

We have received your document for LAKOTA PROPERTIES 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

450

Letter Number: 016A00002049

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Lakota Properties LLC
(Name of Foreign Limited Liability Company; "LL.C.," or "LLC.") (If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 3. # NV20151739884 (FEI number, if applicable) Entity # E0585052015-2 (Jurisdiction under the law of which foreign limited liability company is organized) (Not yet)

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) EIN#81-0852503 ong wood, FL 32750 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 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: 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) 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.





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 Secretary of State, at the date of this certificate, evidence, **LAKOTA PROPERTIES 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 December 17, 2015, and is in good standing in this state.

OF VADO

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 9, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160209-0822
You may verify this electronic certificate
online at http://www.nvsos.gov/