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155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/26/16

NAME: VENUE INVESTMENTS 7 LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Venue Investments 7 LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Shibin Wang
Name of Person
Canital Samileas Comparato Filippo Toom
Capitol Services - Corporate Filings Team Firm/Company
r time Company
206 E 9th St, Ste 1300
Address
Austin TX 78701
City/State and Zip Code
Shihin m wang@gmail.com
Shibin.m.wang@gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Micah Caudle at ( 800 ) 345-4647 Ext: 3022
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsim \mathbb{\text{\$125.00 Filing Fee}} \Bigsim \mathbb{\text{\$130.00 Filing Fee}} \Bigsim \Bigsim \mathbb{\text{\$\$X\$}\$

## 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:

1. Venue Investme (Name of Fore	nts 7 LLC lign Limited Liability	Company; must include "Limited Liabilit	y Company," "L.L.C.,"	or "LLC.	")	
Liability Company," "L.L.C,"		for the purpose of transacting business in	Florida. The alternate	name mus	t include	"Limited
2. Delaware (Jurisdiction under the law	of which foreign limit	ed lighility 3.	FEI number, if applical	nle)		
company is organized)		ou manney	. 2	,,,		
4	Date first tra	nsacted business in Florida, if prior to reg	rictration )			
	(See sections 60	5.0904 & 605.0905, F.S. to determine pe	nalty liability)			
s. 2014 Edgewater	Dr #300					
Orlando FL 3280	)4				r~3	
<u> </u>		et Address of Principal Office)				energe <del>lijan</del> sk
<sub>5.</sub> 2014 Edgewater	Dr #300			<u></u>	5	**************************************
Orlando FL 3280	)4				N	
Onando i E 0200		(Mailing Address)			or .	m
7. Name and street addres	s of Florida register	ed agent: (P.O. Box NOT acceptable	e)	OF STATE	$\triangleright$	
	Amit Ghosh		-,	SZ	\$	_
Name:				Þ. Dω	2	
Office Address:	2014 Edgewa	ater Dr #300		•		•
	Orlando	,1	Florida <u>32804</u>			
Registered agent's accept	tancer	(City)	(Zip code)			
Having been named as re	gistered agent and t	o accept service of process for the ai	bove stated limited li	ability co	mpany	at the place
lesignated in this applicat a complywith the provision	tion, I hereby accep	t the appointment as registered agen lative to the proper and complete pe	it and agree to act in	this cap	acity. I	further agree
eccept the obligations of n	ny position as regis	tered agent.	i joi munce of my uni	res, unu	t um ju	, , , , , , , , , , , , , , , , , , ,
		Unit Oll	<u>-</u>			
		(Registered agent's signature)	, , , , , , , , , , , , , , , , , , ,			
8. The name, title or capa	city and address of t	he person(s) who has/have authority	to manage is/are:			
		gewater Dr #300, Orlando				
<del></del>		· ·				
Amit Ghosh, Mahaj	ger, 2014 Eag	ewater Dr #300, Orlando F	L 32804			
Attached is a certificate	of existence, no mo	re than 90 days old, duly authenticate	d by the official havir	ng custod	ly of rec	ords in the
urisdiction under the law of of the translator must be su	of which it is organize	zed. (If the certificate is in a foreign la	anguage, a translation	of the c	ertificate	e under oath
i the translator must be su	Sinted)	in belong				
		Signature of an authorized person		<del></del>		
his document is executed ubmitted in a document to	in accordance with the Department of S	section 605.0203 (1) (b), Florida Stati State constitutes a third degree felony	utes. I am aware that a	any false 17.155. I	informa F.S.	tion
	-1	1 :	Pro-1 101 111 010			
		Shibin Wang				

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VENUE INVESTMENTS 7 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 TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VENUE

INVESTMENTS 7 LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF FEBRUARY,

A.D. 2016.

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

5973786 8300 SR# 20161199543 Authentication: 201893343

Date: 02-26-16