

M16000002243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

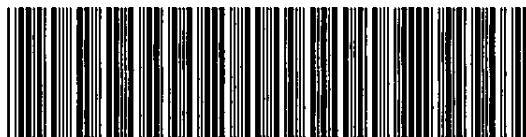
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Special Instructions to Filing Officer:

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K. SALLY
EXAMINER
MAR 17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 MAR 16 AM 10:24
SE
TALL
FLORIDA

March 2, 2016

VANESSA MACKLIN
1510 EMERALD LAKE COVE #109
CASSELBERRY, FL 32707

SUBJECT: STOCKPILE PROPERTY SOLUTIONS, LLC
Ref. Number: W16000015662

We have received your document for STOCKPILE PROPERTY SOLUTIONS, 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):

✓ The name listed in number one of the application must be identical to the name listed in the certificate of existence.

✓ 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), Authorized Person (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.

Karen A Saly
Regulatory Specialist II

Letter Number: 216A00004392

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. Stockpile Property Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.")

2. State of Nevada 3. 81-1089918
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1510 Emerald Lake Cove #109
Casselberry, FL 32707
(Street Address of Principal Office)

6. 1510 Emerald Lake Cove #109
Casselberry, FL 32707
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Venessa Macklin
Office Address: 1510 Emerald Lake Cove #109
Casselberry, Florida 32707
(City) (Zip code)

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 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.

Venessa Macklin
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Tina Tate - Managing member 1510 Emerald Lake Cove #109
Casselberry, FL 32707
Venessa Macklin - Managing member
1510 Emerald Lake Cove #109, Casselberry, FL 32707

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]
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.

Tina Tate
Typed or printed name of signee

FILED
2016 MAR 16 PM 4:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



2016 MAR 16 PM 4:04
SECRETARY OF STATE
NALLAH

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, **STOCKPILE PROPERTY SOLUTIONS, 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 January 12, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 8, 2016.

BARBARA K. CEGAVSKE
Secretary of State



Electronic Certificate
Certificate Number: C20160208-1011
You may verify this electronic certificate
online at <http://www.nvsos.gov/>