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COVER LETTER

_	ation Section n of Corporation	ıs					
SUBJECT:	Succ	LESS.	Throug	L REFEREN	Company	LC	
The enclosed "A _l Existence, and ch	pplication by For neck are submitte	eign Limit d to regist	ted Liability Cor er the above refe	npany for Authoriz crenced foreign lim	ation to Tra	ansact Business in Florida, y company to transact busin	' Certificate of ness in Florida
Please return all	correspondence c	oncerning	this matter to th	e following:			
			Tim Ro	buts Name of Person			
		S	۱ دردی	Theough Firm/Company	REFE	erals LLC	
				Ell Road			
				Address AM V 1 State and Zip Code			
-		dR	obsets (BNIN ed for future annua	0),H	M	
For further inform	nation concerning	this matt	er, please call:				
		Contact I		at (<u>603</u> Area Code) <u>89.</u> Day	3-5853 Ext	201
Division Registra P.O. Box	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314				Division of Registratic Cliffon Branch 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a chec E \$125.	ck for the followi 00 Filing Fee	□ \$130.0	t: 00 Filing Fee & ate of Status	□ \$155.00 Filin Certified Copy		□ \$160.00 Filing Fee, Co of Status & Certified Cop	

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

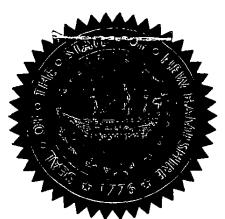
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, 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.") (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) (Street Address of Principal Office) (Mailing Address) 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. 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) 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. Typed or printed name of signee

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Success Through Referrals, LLC is a New Hampshire limited liability company filed on March 7, 2015. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law; and that a certificate of cancellation has not been filed.

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In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 10th day of March, A.D. 2016

William M. Gardner Secretary of State