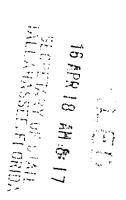
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Office Use Only



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APR 19 2016 J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2016

CHAD SHELL 511 1/2 N ADAMS ST RTICHMOND, VA 23220

SUBJECT: STEREOTYPES, LLC Ref. Number: W16000024514

We have received your document for STEREOTYPES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return the corrected original and one copy of 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.

Letter Number: 016A00006749

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

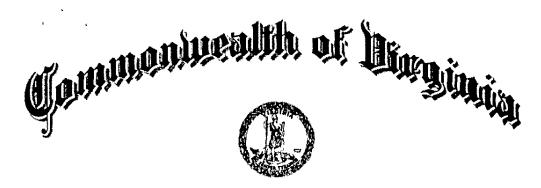
то:		tion Section of Corporation	s				
SUBJI		eoTypes,LLC					
3000	EC1	······································	Name of	Limited Liability (Company		
The en	nclosed "Apport of the control of th	plication by Foreck are submitted	eign Limited Liability Comp I to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ted liability	nsact Business in Florida," Certificate company to transact business in Flori	
Plcase	return all c	orrespondence c	oncerning this matter to the	following:			
		ChadShell					
•	•		N	ame of Person			
		StereoTypes					
	Firm/Company						
		5111/2N Ada	msSt				
	Address						
		Richmond,VA	23220				
		-	City/S	State and Zip Code			
	c	chadshell@ster	reotypes.berccounting@st	ereotypes.biz			
			E-mail address: (to be use	d for future annual	report not	ification)	
For fu	rther inform	nation concernin	g this matter, please call:				
	ChadShell			804 at (350-96	610	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Box	of Corporations tion Section & 6327 see, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclo		ck for the follow 00 Filing Fee	ing amount: \$\Boxed{1} \Sigma 130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filit	_	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

TAPPLICATION 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 COMPANYTOTRANSACTRI ISINIESS IN THE STATE OF FLORIDA

StereoTypes,LLC	JSINESS IN THE STATE OF FLORIDA:		
	eign Limited Liability Company; must in	clude "Limited Liability Company," "L.L.C.,"	or "LLC.")
STEREO TY	PES OF FLORDAA	,110	
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of " or "LLC.")	transacting business in Florida. The alternate	name must include "Limited
2. Virginia		3. 46-1940705	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applica	ble)
4.			_
	(Date first transacted business in (See sections 605.0904 & 605.090	n Florida, if prior to registration.) 15, F.S. to determine penalty liability)	
5. 1885SeminoleTr			
Charlottesville,VA 22	901		
	(Street Address of Prince	cipal Office)	
6. 10307W. BroadSt			
GlenAllen, VA 23060			6
·	(Mailing Add	ress)	A Pr
7. Name and street address	ss of Florida registered agent: (P.O.)	Box NOT acceptable)	
Name:	ChadShell		
Office Address:	1085Bald EagleDr. #A205		
Office reducess.	Marcolsland	Florida 34145	
	(City)	, Florida 34145 (Zip code)	- 50 7
designated in this applica to complywith the provisi	gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered agent.	of process for the above stated limited lint as registered agent and agree to act in per and complete performance of my du	this capacity. I further agree
,		react and shrell, on Eus Technologies, cui Probasined Rector and C + US 2016.01 20 09 25 06 - 04 60*	5
	(Registered	agent's signature)	
-	• • • • • • • • • • • • • • • • • • • •	o has/have authority to manage is/are:	
ChadShell, ManagingMe	ember: 1085Bald EagleDr. #A205	;MarcoIsland,FL 34145	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the certifubmitted) Chad Shell Digitally as a policy of the control of the certifus and the certifus as a control of the certifus	old, duly authenticated by the official having a translation of the control of th	ing custody of records in the n of the certificate under oath
	Signature of a	in authorized person	
This document is executed submitted in a document to	the Department of State constitutes	3 (1) (b), Florida Statutes. I am aware that a third degree felony as provided for in s.	any false information 817.155, F.S.
	ChadShell		

Typed or printed name of signec



STATE CORPORATION COMMISSION

Richmond, February 2, 2013

This is to certify that the certificate of organization of

StereoTypes, LLC

was this day issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business. Effective date: February 2, 2013



State Corporation Commission Attest:

SoelH.kell
Clerk of the Commission