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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company SEA LA VIEFLORIDA LLC

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S. YOUNG

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COVER LETTER

	ration Section on of Corporations				
	SEA LA VIE I	FLORIDA LLC			
SUBJECT: _	Name	of Limited Liability Company			
The enclosed "A Existence, and o	Application by Foreign Limited Liab sheek are submitted to register the ab	lity Company for Authoriza ove referenced foreign limit	tion to Transact Business in Florida ed fiability company to transact bus	," Certificiness in I	cate of lorida
Please return all	l correspondence concerning this ma	tter to the following:			
		Cheyenne Moseley	,		
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Legalzoom.com, Inc.			ᇙ	SEC	
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		cpt 7 414@yahoo.com	ı		
	E-mail address:	to be used for future annual re	port notification)	-	
For further infor	mation concerning this matter, pleas	e call:			
Imelo	da Vasquez	323	962-8600		
	Name of Contact Person	Area Code	Daytime Telephone Number	-	
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rele		
	check for the following amounts, 5.00 Filing Fee \$130.00 Filing Certificate of	Fee & 🔲 \$155.00 Filin)

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Sea La Vie Florida LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 13, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity, identification number **2015-000684804**.

This entity is in existence and in good standing in this office and has filed all annual eports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed; authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of May, 2016 at 7:20 AM. This certificate is assigned 020136517.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sea La Vie Florida LLC

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

Liability Company," "L.L.C. 2. Wyoming		
(Jurisdiction under the law	of which foreign limited liability 3. (FEI number, if applications)	able)
company is organized)	, , , , , , , , , , , , , , , , , , , ,	·
4	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
5. 8550 W Gulf Blvd. Ui		70
Treasure Island, FL 33	706	16 MAY 10
	(Street Address of Principal Office)	
6,		ASS 10
		THE COLUMN
	(Mailing Address)	
	ss of Florida registered agent: (P.O. Box NOT acceptable)	AM 10: 05
Name:	Thad Paschall	10: 05
Office Address:	8550 W Chilf Blvd. Unit 301	
	Treasure Island , Florida 33706 (City) (Zip code	
	(City) (Zip code)
designated in this applica to complywith the provisi	gistered agent and to accept service of process for the above stated limited lition, I hereby accept the appointment as registered agent and agree to act is ons of all statutes relative to the proper and complete performance of my dimy position as registered agent.	n this capacity. I further agree
	(Registered agent's signature)	
8. The name, title or capa	icity and address of the person(s) who has/have authority to manage is/are:	
Thad Paschall, Member	8550 W Gulf Blvd. Unit 301 Treasure Island, FL 33706	
		
 Attached is a certificate jurisdiction under the law of the translator must be st 	of existence, no more than 90 days old, duly authenticated by the official have of which it is organized. (If the certificate is in a foreign language, a translation abmitted)	ing custody of records in the on of the certificate under eath
	Signature of an authorized person	
mt to to	•	
I his document is executed submitted in a document to	l in accordance with section 605.0203 (1) (b), Florida Statutes, 1 am aware that the Department of State constitutes a third degree felony as provided for in s.	any false information 817.155, F.S.
		,
	Thad Paschall Typed or minted name of single	