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(Requestor's Name)							
(Ad	ldress)						
(Ad	ldress)						
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bı	isiness Entity Nar	ne)					
(Do	cument Number)						
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						
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Office Use Only



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J. HARRIS

### SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 5-11-16					
ENTITY NAME:					
Doublebak Ltd. LLC					
**PLEASE FILE THE ATTACHED AND RETURN:**					
Plain Copy Certified Copy					
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:**  Document Number:					
Certified Copy of Arts & Amendments Certificate of Good Standing					
**APOSTILLE'/NOTARIAL CERTIFICATION:** COUNTRY OF DESTINATION					
NUMBER OF CERTIFICATES REQUESTED					
TOTAL AMOUNT OWED: 125°C CHECK NUMBER: 2490 PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.					
Thank you! Tina Goff President					

### **COVER LETTER**

TO:	Registration Section Division of Corporation	ns					
SUBJI	Doublebak Ltd. LLC	C					
	Name of Limited Liability Company						
The en	closed "Application by For	eign Limited Liability Comp	any for Authoriza	tion to Tec	manat Dusimana in Florida "	Cartificate of	
		d to register the above refere					
Please	return all correspondence of	concerning this matter to the	following:				
	Harbor Compli	ance					
		N	ame of Person				
	Harbor Compli	ance					
	<del></del>	Fi	rm/Company				
	48-50 W Chest	nut St Ste 301					
	*		Address				
	Lancaster, PA 17603						
	<del>.</del>	City/S	tate and Zip Code				
	Danielle.Pacheco	o1086@gmail.com					
	- I I I I	E-mail address: (to be used	l for future annual	report not	ification)		
For fur	ther information concerning	g this matter, please call:					
	Harbor Compliance		717 at (	723-93	17		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS:				ADDRESS:		
Division of Corporations Registration Section P.O. Box 6327				of Corporations			
			Clifton B	ion Section			
	Tallahassee, FL 32314			2661 Exe	ecutive Center Circle ee, FL 32301		
Enclos	ed is a check for the follow	ing amount:					
	■ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

(Name of Forei	gn Limited Liability Company; must include	'Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alte	ernate name adopted for the purpose of transac	ting business in Florida. The alternate nam	ne must include "Limited
Liability Company," "L.L.C,"	or "LLC.")		io made morado samito
2. Bermuda		-1008368	
(Jurisdiction under the law o company is organized)	f which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florid	do if mior to registration )	- -
•	(See sections 605.0904 & 605.0905, F.S.	to determine penalty liability)	
5. 4335 Glasgow Ct.			_
North Fort Myers, FL 33	3903		_
	(Street Address of Principal O	ffice)	- F. S. 5
6. 4335 Glasgow Ct.			59 <b>= "1</b>
North Fort Myers, FL 33	3903		Light Control Control
<u> </u>	(Mailing Address)		
7. Name and street address	of Florida registered agent: (P.O. Box 1	NOT acceptable)	
	REGISTERED AGENTS INC.		0 8: 29 F STATE F LORID
Name:			35 Y
Office Address:	3030 N. Rocky Point Drive, S	TE 150A	
	TAMPA	, Florida 33607	_
Registered agent's accepts	(City)	(Zip code)	
this application, I hereby a		it and agree to act in this capacity. If	further agree to comply a familiar with and accept
	(Registered agent	****	-
8 The name title or capac	sity and address of the person(s) who has/	have authority to manage is/are	
<del>-</del>	35 Glasgow Ct., North Fort Myers, FL 3:	•	
			<u> </u>
	of existence, no more than 90 days old, du f which it is organized. (If the certificate i omitted)		
	Danielle Pa	checo	
-	Signature of an auth	orized person	-
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (the Department of State constitutes a third	b), Florida Statutes. I am aware that any	/ false information
	Danielle Ford Pacheco	0	· <del>y = ·</del> -

Typed or printed name of signee

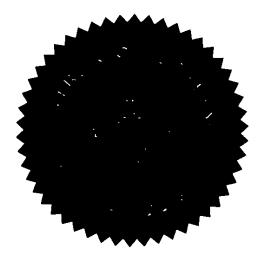


# BERMUDA MINISTRY OF ECONOMIC DEVELOPMENT CERTIFICATE OF COMPLIANCE

I, Nicole Iris, Deputizing Supervisor of Registration, of the Registrar of Companies, in the Islands of Bermuda, do hereby certify that

#### Doublebak Ltd.

is a company duly incorporated under the laws of Bermuda and is at the date of this Certificate, in good standing under the Companies Act 1981.



Given under my hand and the Seal of the REGISTRAR OF COMPANIES this

3<sup>rd</sup> day of May 2016

Nicole Iris

**Deputizing Supervisor of Registration**