# 140000004404

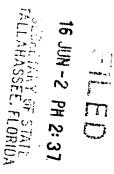
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Certified Copies	_ Certificates	s of Status			
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JUN 0 2 2016 Y SULKER

W16-20556



March 18, 2016

SHALAM RUSHLAN LLC 1101 DEER GULLEY CT APOPKA, FL 32712

SUBJECT: SHALAM RUSLAN, LLC Ref. Number: W16000020556

We have received your document for SHALAM RUSLAN, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 816A00005651

# **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corporatio	ons							
SUBJECT:	Shalam Ruslan, LL	.C							
	Name of Limited Liability Company								
					ansact Business in Florida," Certificate of cy company to transact business in Florida.				
Please return	all correspondence	concerning this matter to the	following:						
	Amanda Gunt	er							
		N	ame of Person						
	Shala	m Rushn LLC			·				
	-	F	irm/Company						
	7701	Deer Gully	Address						
	Apop	ka, FL 32° City/s	HA State and Zip Code						
	Shau	E-mail address: (to be used	Damail d for future annual	report no	ntification)				
For further ir	nformation concernir	ng this matter, please call:							
Am	nanda Gunter Name (	of Contact Person	_ at ( \frac{70U}{Area Code}	_) <u>4</u> ´	16-8782 vtime Telephone Number				
Div Reg P.O	ision of Corporation istration Section . Box 6327 lahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301				
	check for the follow 1125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin	g Fee &	.  \$\perp \$160.00 Filing Fee, Certificate of Status & Certified Copy				

# 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 COMPANYIOTRANSACT RUSINESS IN THE STATE OF FUORIDA:

COME ANT TO TRANSACT DO	SHIES IN THE STATEOF	PLONIOA.				
1. Shalam Ruslan, LLC		1 1 41		*** 1 C "**)		
(Name of Fore	ign Limited Liability Com	pany; must include "Limited	Liability Company," "L.L.C.," or	TLLC.		
(If name unavailable, enter al Liability Company," "L.L.C,"  2. Georgia (Jurisdiction under the law company is organized)  4. 13  5. 212 Twiggs Corner Peachtree City, GA 302	or "LLC.")  of which foreign limited lia  5, 2016  (Date first transact  (See sections 605.096)	3. EIN	siness in Florida. The alternate name of the siness in Florida. The alternate name of the sines in Florida. The alternate name of the sines in Florida (FEI number, if applicable) in to registration.) or to registration.) or the registration in the penalty liability.		clude "	Limited
6. 212 Twiggs Corner	(Sireer Au	dress of Principal Office)				
6. <u>212 1 Wiggs Corner</u>				-		
Peachtree City, GA 302				-		
	(	(Mailing Address)				
7. Name and street addres	s of Florida registered ag	gent: (P.O. Box <u>NOT</u> ac	ceptable)			
Name:	Amanda Gunter		<del></del>			
Office Address:	1011 WP B	all BIVd.				
	Sanford		Florida 32771			
		(City)	, Florida <u>32771</u> (Zip code)	<u> </u>	<del></del> 6	
Registered agent's accept		cent vervice of process fr	or the above stated limited liabi	lity comp	ah <del>v</del> at	the place
designated in this applicat	tion, I hereby accept the ons of all statutes relativ	appointment as register to the proper and comp	ed agent and agree to act in thi plete performance of my duties t	s chipacit	y. <b>7</b> fu	rther agree
8. The name, title or capa		erson(s) who has/have au	thority to manage is/are:	<i>1</i>		
Amanda Gunter, Member	IMGR				-	
					_	
jurisdiction under the law o	of which it is organized.		enticated by the official having oreign language, a translation of			
of the translator must be su	bmitted) IMW	rda Oun	Jr.C			
	5	Signature of an authorized p	erson			

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

Control Number: 15085245

# STATE OF GEORGIA

**Secretary of State Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## SHALAM RUSLAN, LLC

# a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number Date Ind/Auth/Filed Jurisdiction

: Georgia Print Date

Form Number

;06/02/2016

:13191695

: 09/01/2015



Secretary of State