# MIGCEED 4899

(Requesto <i>r</i> 's	Name)				
(Address)					
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(City/State/Zi	p/Phone #)				
PICK-UP W	AIT MAIL				
(Business En	itity Name)				
(Dusiness En	nity Name)				
(Document Number)					
Certified Copies Cer	tificates of Status				
Special Instructions to Filing Office	cer:				
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16 JUN 17 PM 3: 2L

JUN 20 2016 S. YOUNG

**Division of Corporations** Registration Section **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

I enclose Duplicates of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Self Park FLL, LLC, a proposed Foreign Limited Liability Company.

 $\Diamond$ 

Also enclosed is a Certificate of Good Standing from the State of **Wyoming**.

Please file the attached Application and return Proof of Filing via the enclosed pre-paid FedEx envelope.

Payment for the required fees is enclosed (\$125.00 to Department of State).

If you have any questions or concerns, do not hesitate to contact me.

Sincerely,

The Client Services Team MyNewCompany.com, Inc. 187 E. Warm Springs Rd., Suite B Las Vegas, NV 89119

Phone: 702-362-2677 Fax: 702-825-2581

### **COVER LETTER**

TO:

Registration Section

Division of Corporations					
Self Park FLL, LLC SUBJECT:					
	Name of I	Limited Liability	Company		-
The enclosed "Application by Foreign Existence, and check are submitted to					
Please return all correspondence cond	cerning this matter to the	following:			
Ed Tsuji					
	Na	ume of Person			-
MyNewCompany.	com, Inc.				
	Fir	rm/Company			-
187 E. Warm Sprit	ngs Road, Suite B				
		Address			- \$5
Las Vegas, NV 89	119				およる
-	City/St	ate and Zip Code		**************************************	三三元
orders@mynewcom	pany.com				- <b>그</b> 위작
E	-mail address: (to be used	for future annual	report not	ification)	- 主
For further information concerning th	is matter, please call:				SECRETARSE STATISTION OF THE JUN 17 PH 3: 24
Ed Tsuji		702 at (	362-26	77	
Name of Co	ontact Person	Area Code	Day	time Telephone Number	-
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding centive Center Circle ee, FL 32301	
•	amount:   \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

## 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:

1. Self Park FLL, LLC (Name of Fore	ign Limited Liability Company; mu	st inclu	de "Limited Liabi	lity Company," "L.L.C.," o	or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purposi " or "LLC.")	e of tra	nsacting business	in Florida. The alternate no	ame must include "Limited
2. Wyoming		2	81-2929598		
(Jurisdiction under the law company is organized)	of which foreign limited liability	3.		(FEI number, if applicable	e)
4	(Date first transacted busine (See sections 605,0904 & 605.	ss in F	lorida, if prior to	registration.)	<del></del>
5 18495 S. Dixie Hwy.,		.0905,	F.S. to determine	penalty liability)	
Miami, FL 33157			<u> </u>		*****
	(Street Address of I	Princin	al Office)		<del>_</del>
6. 18495 S. Dixie Hwy., S					
Miami, FL 33157					<b>方</b> 证
	(Mailing	Addres	s)		<u> </u>
7. Name and street addres	s of Florida registered agent: (P.	.O. Bo	x <u>NOT</u> accepta	ble)	16 JUN 17 PM
Name:	InCorp Services, Inc.				<b>P</b>
Office Address:	17888 67th Court North		····		<b>့</b>
	Loxahatchee			, Florida 33470	21
	(City)			(Zip code)	_
designated in this applica to complywith the provisi	gistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	tment prope	as registered ag r and complete	ent and agree to act in t performance of my duti	this capacity. I further agree
			gent's signature)	Andreile Gabai	— Assistant Secreta
	acity and address of the person(s)				
Christopher Bleakly, AM	BR - 18495 S. Dixie Hwy., Suite	159, 1	Miami, FL 3315	7	
Jared Schmidt, AMBR - 3	9903 West Azeele St., Tampa, FL	. 3360	9		
		rtific			
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitu	0203 ( utes a f	1) (b), Florida S hird degree felo	tatutes. I am aware that a ny as provided for in s.81	iny false information 17.155, F.S.
	Christopher Bleakly, AMBR				

Typed or printed name of signee

## 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,

#### Self Park FLL, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 10, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000717096**.

This entity is in existence and in good standing in this office and has filed all annual reports 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 13th day of June, 2016 at 9:13 AM. This certificate is assigned 020365623.



Secretary of State

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.