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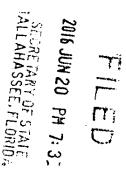
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Special Instructions to Filing Officer:						
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June 7, 2016

RICHARD HAMILTON 505 CAMMARANO PL THE VILLAGES, FL 32162

SUBJECT: CONSUMER PRODUCTS, L.L.C.

Ref. Number: W16000041343

We have received your document for CONSUMER PRODUCTS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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: 116A00011950

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

## **COVER LETTER**

TO:	Registration Section Division of Corporations
~~~	Consumer Products, L.L.C.
SUBJI	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please	eturn all correspondence concerning this matter to the following:
	Richard Hamilton
	Name of Person
	Consumer Products
	Firm/Company
	505 Cammarano Place
	Address
	The Villages, FL 32162
	City/State and Zip Code
	ironmanga@yahoo.com
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
	Richard Hamilton 678 316-2926
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	is a check for the following amount:  \$\Bigsize \text{\$125.00 Filing Fee}  \$\Bigsize \$\Bizeta \$\Bizze \$\B

See sections 605.  505 Cammarano Place  The Villages, FL 32162	Thiability  3.  11035  3.  11035  3.  10904 & 605.0905, F.S. to december of Principal Office (Mailing Address)  1 agent: (P.O. Box NOT	g business in Florida. The alternate r 5413  (FEI number, if applicable of prior to registration.) determine penalty liability)	name must in	2016 JUN 20	imited
(If name unavailable, enter alternate name adopted for Liability Company," "L.L.C," or "LLC.")  State of Georgia  (Jurisdiction under the law of which foreign limited company is organized)  6/2/2016  (Date first trans (See sections 605)  The Villages, FL 32162  (Street  6.  The Villages, FL 32162  7. Name and street address of Florida registered Richard Hamilton  Name:  Office Address:  The Villages  Registered agent's acceptance:  Having been named as registered agent and to designated in this application, I hereby accept to complywith the provisions of all statutes relations.	Thiability  3.  11035  3.  11035  3.  10904 & 605.0905, F.S. to december of Principal Office (Mailing Address)  1 agent: (P.O. Box NOT	g business in Florida. The alternate r 5413  (FEI number, if applicable of prior to registration.) determine penalty liability)	name must in SECRETARY		
Liability Company, "L.L.C," or "LLC.")  State of Georgia  2.  (Jurisdiction under the law of which foreign limited company is organized)  6/2/2016  4.  (Date first trans (See sections 605.)  505 Cammarano Place  The Villages, FL 32162  (Street  505 Cammarano Place  The Villages, FL 32162  7. Name and street address of Florida registered Richard Hamilton  Name:  Office Address:  The Villages  Registered agent's acceptance:  Having been named as registered agent and to designated in this application, I hereby accept to complywith the provisions of all statutes relation.	Address of Principal Office  (Mailing Address)  I agent: (P.O. Box NOT	(FEI number, if applicable (FEI number) if applicable (FEI number) if prior to registration.) determine penalty liability)	SECRETARY TALLAHASSE		_
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(Jurisdiction under the law of which foreign limited company is organized)  6/2/2016  4. (Date first trans (See sections 605.)  505 Cammarano Place  The Villages, FL 32162  (Street  6. The Villages, FL 32162  7. Name and street address of Florida registered Richard Hamilton  Name:  Office Address:  The Villages  Registered agent's acceptance:  Having been named as registered agent and to designated in this application, I hereby accept to complywith the provisions of all statutes relations.	Address of Principal Office  (Mailing Address)  I agent: (P.O. Box NOT	if prior to registration.) determine penalty liability) e)	SECRETARY TALLAHASSE	2016 JUN 20	
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Having been named as registered agent and to designated in this application, I hereby accept t to complywith the provisions of all statutes rela	(City)	(Zip code)	— ş-1	ν,	
	the appointment as registive to the proper and cored agent.	stered agent and agree to act in a complete performance of my duti	this capacit	ty. I fur	rther agree
ŕ	(Régistèred agent's sig	gnature)	•		
8. The name, title or capacity and address of the Richard Hamilton/Member	e person(s) who has/have	e authority to manage is/are:			
				-	
444 A				-	
9. Attached is a certificate of existence, no more jurisdiction under the law of which it is organized of the translator must be submitted)	than 90 days old, duly at d. (If the certificate is in	uthenticated by the official havin a foreign language, a translation	g custody o of the certif	f record	Is in the nder oath
	Signature of an authorize	d person			

Typed or printed name of signee

Richard Hamilton

Control Number: 11035413

## 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

### CONSUMER PRODUCTS, L.L.C.

#### 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 Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 13204577 : 05/04/2011 : Georgia : 06/15/2016 : 211



B: P. Kemp Secretary of State