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COVER LETTER

TO:	Registration Section Division of Corporation	ons	•					
CHERTE		ATE SOLUTIONS, LLC						
SUBJEC	CT:	Name of	Limited Liability Co	ompany				
The encl Existenc	osed "Application by Fo	oreign Limited Liability Com ted to register the above refet	pany for Authorizati enced foreign limite	ion to Tra d liabilit	ansact Business in Fl y company to transac	orida," C et busines	ertifica s in Fl	ate o iorida
Please re	eturn all correspondence	concerning this matter to the	following:					
	LAKENDRA	HAMMONDS						
		N	lame of Person					
	L&C REAL E	ESTATE SOLUTIONS, LLC						
		F	irm/Company	•				
	2801 CHANCELLORSVILLE DRIVE UNIT 728					11W1 0350	5	
	Address					至		1
	TALLAHASSEE FL 32312					21		
		City/S	State and Zip Code				7	\Box
	lhammonds 1@0	capellauniversity.edu				置法	3 : 22	
		E-mail address: (to be use	d for future annual r	eport not	ification)	7	8	
For furth	er information concerni	ng this matter, please call:						
	LAKENDRA HAMMO	ONDS	229 at ()	289 52:	57			
	Name	of Contact Person	Area Code	Day	time Telephone Nun	nber		
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		, I	Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301			
	is a check for the follows \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	Fec &	☐ \$160.00 Filing I		ficate	

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 REISINESS IN THE STATE OF FLORIDA:

	Iternate name adopted for the purpos	se of transacting husi	ness in Florida. The alternate n	ame must include "Limited
iability Company," "L.L.C,"		or transacting cost	inco il a lorida, a no associatio il	min man manage planter
NEVADA		3		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicab	le)
	(Date first transacted busine	ess in Florida, if prio	r to registration.)	
2801 CHANLEUCRSU	(See sections 605.0904 & 605.	.0905, F.S. to determ	nine penalty liability)	
TALLAHASSEE FL	32312			·
2801 CHANCEUORSVII	(Street Address of I	Principal Office)	· · · · · · · · · · · · · · · · · · ·	
TALLAHASSEE FL	32312			SEC
	(Mailing	Address)		
Name and street addres	s of Florida registered agent: (P.	O. Box NOT acce	eptable)	- 熱 72
Name:	BUSINESS FILINGS INCORE	PORATED		
Office Address:	1200 SOUTH PINE ISLAND F	ROAD		12.5 교 () 유가 와
	PLANTATION		, Florida 33324	图 22
	(City)		(Zip code)	
	tance:			
aving been named us reg is application, I hereby of th the provisions of all s	tance: gistered agent and to accept serv accept the appointment as regist statutes relative to the proper and tion as registered agent.	tered <mark>agent and</mark> ag	ree to act in this capacity. mance of my duties, and I a	I further agree to compl
aving been named us register application, I hereby a sith the provisions of all see obligations of my position. The name, title or capa	tance: gistered agent and to accept serv accept the appointment as regist statutes relative to the proper and tion as registered agent.	tered agent and agent decomplete performance of the complete performance agent's signature authors who has/have authors are successful to the complete performance agent and agent a	ree to act in this capacity. mance of my duties, and I a LUCLETATE are) are is/are:	I further agree to compl im familiar with and acc
is application, I hereby ith the provisions of all see obligations of my position. The name, title or capa	tance: gistered agent and to accept serv accept the appointment as regist statutes relative to the proper and tion as registered agent. (Registery and address of the person(s)	tered agent and agent decomplete performance of the complete performance of the complete performance agent's signature who has/have authors will be complete the complete of t	mance of my duties, and I and	I further agree to compl im familiar with and acc E FL32312

LAKENDRA HAMMONDS

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate. ω

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, L&C REAL ESTATE SOLUTIONS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 31, 2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 14, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160614-1677
You may verify this electronic certificate
online at http://www.nvsos.gov/