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(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone #	/)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	e)
(Docur	ment Number)	
Certified Copies Certificates of Status		
Special Instructions to Fili	ng Officer:	
W16-40	921	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2016

DAVID P WALTON 303 WILD OLIVE LANE LONGWOOD, FL 32779

SUBJECT: SOULS ON BOARD LLC

Ref. Number: W16000040921

We have received your document for SOULS ON BOARD LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 616A00011811

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations		
CHIDIE	- Souls on BOARD DLC		
SUBJECT: Name of Limited Liability Company			
The state of the s			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please return all correspondence concerning this matter to the following:			
	Name of Person		
Name of Person			
Firm/Company			
303 Wild Olive LN			
Address			
LONG WOOD FL 32779 City/State and Zip Code			
City/State and Zip Code			
WALTON 760 @ - hotmaile can TI			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
DAVID WALTON a1,407, 463-48004			
	Name of Contact Person Area Code Daytime Telephone Number		
	MAILING ADDRESS: STREET ADDRESS:		
	Division of Corporations Division of Corporations		
	Registration Section Registration Section		
	P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301		
г.			
Enclose	is a check for the following amount: (\$125.00 Filing Fee		

APPI/ICATION 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
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. OELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. N/A (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
303 Wild Olive Ln Longwood, FL 32779 (Street Address of Principal Office)
6
(Same) (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: DAVIO WALTON
207 1111 01
2777 au w
$\frac{\bigcup O \cup \bigcup O \cup O}{(City)}, Florida \frac{\bigcup O \cup O}{(Zip code)}$
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
Care B. Wellon
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
DAVID WALTON MGRM
303 Wild Olive LN
LONGWOOD FL 32779
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person This decorrect is accounted in accounters with acction (0.6, 0.203 (1) (b). Florido Statutes, I am approximately information
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
1 yped or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOULS ON BOARD LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FOURTH DAY OF JUNE, A.D. 2016.

6045930 8300

SR# 20164516839 *

Authentication: 202554263

Date: 06-24-16

You may verify this certificate online at corp.delaware.gov/authver.shtml