

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
 Account Number : I20120000007  
 Phone : (702) 866-2500  
 Fax Number : (702) 866-2689

2016 JUL -5 A 10:06  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: managedreports@incorp.com

**Foreign Limited Liability Company**  
**Del Sol, L.C. (Del Sol Color Change, L.L.C)**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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July 1, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INCorp SERVICES INC

SUBJECT: DEL SOL COLOR CHANG, L.L.C.  
REF: W16000046489*\* Corrected \**

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Jenna D Harris  
Regulatory Specialist IIFAX Aud. #: H16000144312  
Letter Number: 416A00013887

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P.O. BOX 6327 - Tallahassee, Florida 32314

450054

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Del Sol, L.C., LLC (Del Sol Color Change, L.L.C.)

Name of Limited Liability Company

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:

Erin Regan

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Regan on behalf of InCorp Services, Inc.

Name of Contact Person

702

Area Code

866-2500

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

SECRETARY OF  
STATE  
TALLAHASSEE, FL  
32301

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# 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. Del Sol, L.C., LLC  
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Del Sol Color Change, L.L.C.

(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. Utah 3. \_\_\_\_\_  
 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Registration  
 (Date first transacted business in Florida, if prior to registration.)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 280 West 10200 South  
Sandy UT 84070  
 (Street Address of Principal Office)

6. 280 West 10200 South  
Sandy UT 84070  
 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.  
 Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
 (City) (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 comply with 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.

Erin Regan Erin Regan on behalf of InCorp Services, Inc.  
 (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jefferson Pedersen Manager 280 West 10200 South Sandy UT 84070

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)

Jefferson Pedersen  
 Signature of an authorized person

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.

Jefferson Pedersen  
 Typed or printed name of signer

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Utah Department of Commerce  
Division of Corporations & Commercial Code  
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

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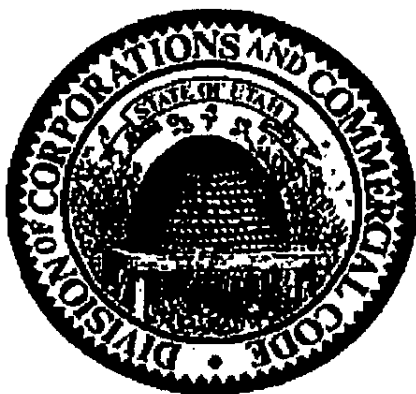
04/27/2016  
2041923-016004272016-724861

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## CERTIFICATE OF EXISTENCE

Registration Number: 2041923-0160  
Business Name: DEL SOL, L.C.  
Registered Date: October 30, 1997  
Entity Type: LLC - Domestic  
Current Status: Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg  
Director  
Division of Corporations and Commercial Code

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