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S. HARRIS

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:		Pimprenelle's Asset, LL	.C					
	· · · · · · · · · · · · · · · · · · ·	Name of I	Limited Liability (Company				
					nsact Business in Florida," C company to transact busine			
Please return all	correspondence co	oncerning this matter to the	following:					
		Pimpren	elle's Asset, LL	С				
		Na	ime of Person					
		Fi	rm/Company					
	1639 S. Missouri Ave.							
		ClearW	ater, FL 33756					
		City/St	ate and Zip Code	······································				
		•	lmark@msn.co					
•		E-mail address: (to be used	for future annual	report noti	fication)			
For further inform	nation concerning	this matter, please call:						
	Judith Charper	ntier	_ at (727	_ / 	0923			
	Name o	f Contact Person	Area Code	Dayı	time Telephone Number			
(Division (Registra (P.O. Bo	nof Corporations tion Section ox 6327 ssee, FL 32314			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
	eck for the follows .00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy			



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2016

PIMPRENELLE'S ASSET, LLC 1639 S MISSOURI AVE CLEARWATER, FL 33756

SUBJECT: PIMPRENELLE'S ASSET, LLC

Ref. Number: W16000055460



We have received your document for PIMPRENELLE'S ASSET, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 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 II

Letter Number: 916A00016906

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. Pimprenelle's A	sset, LLC gn Limited Liability Company; must include	"Limited Liability Compan	ıv." "L.L.C" o	r "LLC.")	
					· · · · · · · · · · · · · · · · · · ·
(If name unavailable, enter alta Liability Company," "L.L.C."	ernate name adopted for the purpose of trans or "LLC.")	sacting business in Florida.	The alternate na	me must inclu	de "Limited
2. Alaska	3				
(Jurisdiction under the law of company is organized)	f which foreign limited liability	(FEI numb	er, if applicable	:)	
4			···· · · · · · · · · · · · · · · · · ·		
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.:	rida, it prior to registration.) S. to determine penalty liabi	lity)		
5. 1639 S. Missouri /					
Clearwater, FL 3					
	(Street Address of Principal	Office)		三年	
6. 1639 S. Missouri	Ave.				
Classicates El 1	22756				
Clearwater, FL	(Mailing Address)			/ <u> </u>	
	· -			The second	en e
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)			and Parish
Name:	Judith Charpentier			- 55A 6	ת ה
Office Address:	1639 S. Missouri Ave			25	
	Clearwater	, Florida _	33756		
Registered agent's accept	(City)		(Zip code)		
Having been named as reg designated in this applicate to complywith the provisio	istered agent and to accept service of p ion, I hereby accept the appointment as ns of all statutes relative to the proper o ny position as registered agent.	s registered agent and ag	ree to act in ti	his capacity.	I further agree
	Llagalent	(iv)			
•	(Registered ager			_	
8. The name, title or capac	city and address of the person(s) who ha	s/have authority to manag	ge is/are:		
Mark Stenzel, Membe	r 1639 Missouri Ave. Clearwater, F	L 33756			
Judith Charpentier, Me	ember 1639 Missouri Ave. Clearwa	ter, FL 33756			
	of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted)				
	ungoTen	Ties) thorized person			
	Signature of an au	thorized person			
	in accordance with section 605.0203 (1) the Department of State constitutes a thi				mation
	ludith Charnontier				

Typed or printed name of signee

Alaska Entity #10039065

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Pimprenelle's Asset, LLC

This entity was formed on June 07, 2016 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **July 19, 2016**.

Chris Hladick Commissioner

Of Halix