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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:C	UStom PR	IDE 11 C f Limited Liability Company	
The enclosed "Application by Fo Existence, and check are submitted.	reign Limited Liability Con ed to register the above refe	npany for Authorization to Transcreed foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all correspondence	concerning this matter to th	e following:	
	Shaun	Horn Name of Person	
		Oride 1/c Firm/Company	
<u>523</u>	4 San M	iquel Street	-
Mittor	$n FL = \frac{3}{\text{City}}$	2583 State and Zip Code	
		·	IDE LLC.com
For further information concerning	ng this matter, please call:	1-3~14 496-4	473
<u>Shaun</u>	Horn of Contact Person	at (3/4) 4 Area Code Day	796-4473 rtime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	IE FOLLOWING IS SUBMITTED TO REGISTER A FOI	REIGN L	IMITED I	<i>LABILITY</i>
<u> </u>	1/1			
1	clude "Limited Liability Company," "L.L.C.," or "Ll	.C.")		
(If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C," or "LLC.")	transacting business in Florida. The alternate name n	nust inclu	de "Limi	ted
Mortin in the second	3. <u>47-2228882</u> (FEI number, if applicable)			
2. Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		· · · · · · · · · · · · · · · · · · ·	
4.				
(Date first transacted business in (See sections 605.0904 & 605.090	n Florida, if prior to registration.) 95, F.S. to determine penalty liability)			
5. 5234 San Miguel:	ST			
W.11 P1 X0 -0	2 7	. ****	h	
(Street Address of Princ	cipal Office)		का (क्र	
6. 4518 Edmund AV	۲		in a	£,
Stlouis MO 631	114		တ်	
(Mailing Add	ress)		\mathbb{F}	
7. Name and street address of Florida registered agent: (P.O. l	Box NOT acceptable)		ν∍ က	i
Name: Shaun Harn		***	Ü	
Office Address: 5234 San Migu	acl st			
Mitten FL 3.	2583 , Florida <u>32583</u> (Zip code)			
	(Zip code)			
Registered agent's acceptance: Having been named as registered agent and to accept service	of process for the above stated limited liability	compan	ry at the	place
designated in this application, I hereby accept the appointment to complywith the provisions of all statutes relative to the pro-	nt as registered agent and agree to act in this c	apacity.	I furthe	er agree
accept the obligations of my position as registefed agent.	per una comprete performance of my autres, at	iu i um	jurriitur	wiin ani
Shain	RHon			
(Registered	l agent's signature)			
8. The name, title or capacity and address of the person(s) wh				
Shaun Horn (owner)				
9. Attached is a certificate of existence, no more than 90 days of	old duly authenticated by the official having cus	tody of r	records i	n the
jurisdiction under the law of which it is organized. (If the certif	ficate is in a foreign language, a translation of th	e certific	ate unde	er oath
of the translator must be submitten.				
Signature of a	an authorized person			
This document is executed in accordance with section 605.0203	3 (1) (h) Florida Statutes I am aware that any fa	lee info-	mation	
submitted in a document to the Department of State constitutes	a third degree felony as provided for in s.817.15	5, F.S.	mativii	

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

custom pride LLC LC001423532

was created under the laws of this State on the 28th day of October, 2014, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 11th day of August, 2016.

Secretary of State

Certification Number: CERT-08112016-0046

