## M1600000 7418

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEP 20 TOTAL PRICE

## **COVER LETTER**

10:		ration Section on of Corporation	ns		fine.		•
SUBJE		RIME CATCH PR	OPERTIES LLC				
CODIE			Name o	f Limited Liability	Company		
						ansact Business in Florida," C y company to transact busines	
Please	return all	correspondence	concerning this matter to th	e following:			
		SUZANNE DO	ОСОВО				
			1	Name of Person			
		PRIME CATC	H PROPERTIES LLC				
				Firm/Company			
		7805 NW 18TI	H PLACE				
				Address	<u></u>		
		MARGATE, F	L 33063				
			City/	State and Zip Code			
		SUZANNE@DO	OCOBOREALTY.COM				
			E-mail address: (to be us	ed for future annual	report not	tification)	
For fur	ther info	rmation concernin	g this matter, please call:				
	SUZA	NNE DOCOBO		954 at (	304-49	32	
		Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
	Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclose		neck for the follow 5.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	



September 9, 2016

SUZANNE DOCOBO 7805 NW 18TH PLACE MARGATE, FL 33063

SUBJECT: PRIME CATCH PROPERTIES LLC

Ref. Number: W16000061887

We have received your document for PRIME CATCH PROPERTIES 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):

The registered agent must sign accepting the designation.

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 II

Letter Number: 516A00019165

## 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 RUSINESS IN THE STATE OF FLORIDA:

	reign Limited Liability Co	ompany; must include "Lir	nited Liability Company," "L.L.C.,	," or "LLC."	)		
(If name unavailable, enter Liability Company," "L.L.C	alternate name adopted for	r the purpose of transactin	g business in Florida. The alternate	name must	include	"Limited	i
2. NEVADA	,	3. 81-37	35477				
(Jurisdiction under the lav company is organized)	w of which foreign limited	liability	(FEI number, if applications)	able)			
4. 9/1/16							
	(Date first trans. (See sections 605.	acted business in Florida, 0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)				
5. 7805 NW 18TH PLA							
MARGATE, FL 3306	53			<del>,</del>			
		Address of Principal Offic	ee)				
6. 7805 NW 18TH PLAC	CE						
MARGATE, FL 3306	53			JA]	<u></u>		
AIVAN .		(Mailing Address)			SE	1	-
7. Name and street addre	ess of Florida registered	agent: (P.O. Box NO	<u>r</u> acceptable)	172	ъ.	,044 _3.~	
Name:	SUZANNE DOCOE	30		20-1 Total	77799 27799		
Office Address:	7805 NW 18TH PLA	ACE		20	5	ا المارة المارة المعرد المارة	
			Elected 33063	콜콜	: 20		
	MARGATE		Florida 33003	in in			
Registered agent's acce	ptance:	(City)	(Zip code	) :-			
Having been named as a designated in this applic to complywith the provis accept the obligations of	ptance: registered agent and to ation, I hereby accept to sions of all statutes rela f my position as registed	accept service of proce. The appointment as reginitive to the proper and cred agent.  (Registered agent's si	, Florida Zip code (Zip code ss for the above stated limited listered agent and agree to act in complete performance of my di	liability con	city. I	further	agree
Having been named as a designated in this applicate to complywith the provisaccept the obligations of	ptance: registered agent and to ation, I hereby accept to sions of all matutes rela my position as register cacity and address of the	accept service of procedule appointment as registrive to the proper and corred agent.  (Registered agent's size person(s) who has/have	, Florida (Zip code ss for the above stated limited listered agent and agree to act in complete performance of my displaying agnature)	liability con n this capa uties, and I	city. I	further	agree
Having been named as a designated in this applic to complywith the provisaccept the obligations of 8. The name, title or cap SUZANNE DOCOBO -	ptance: registered agent and to ation, I hereby accept to sions of all matutes relations my position as register cacity and address of the AUTHORIZED MEMI	accept service of procedule appointment as registive to the proper and cored agent.  (Registered agent's side person(s) who has/have BER - 7805 NW 18TH	Zip code  (Zip code  istered agent and agree to act is  complete performance of my di  ignature)  re authority to manage is/are:	liability con n this capa uties, and I	city. I	further	agree
Having been named as a designated in this applic to complywith the provisaccept the obligations of  8. The name, title or cap SUZANNE DOCOBO -	ptance: registered agent and to ation, I hereby accept to sions of all matutes relations my position as register cacity and address of the AUTHORIZED MEMI	accept service of procedule appointment as registive to the proper and cored agent.  (Registered agent's side person(s) who has/have BER - 7805 NW 18TH	Zip code  (Zip code  ss for the above stated limited istered agent and agree to act is  complete performance of my dis  ignature)  re authority to manage is/are:  PLACE, MARGATE, FL 3306	liability con n this capa uties, and I	city. I	further	agree

Typed or printed name of signee

**SUZANNE DOCOBO** 

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.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PRIME CATCH PROPERTIES 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 September 1, 2016, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 1, 2016.

BARBARA K. CEGAVSKE Secretary of State

Suhara K. Cegarste

Electronic Certificate
Certificate Number: C20160901-2203
You may verify this electronic certificate
online at http://www.nvsos.gov/