116000008102

| (Requestor's Name) | | | | |
|---|--------------------|------|--|--|
| | | | | |
| (Ad | ldress) | | | |
| | | | | |
| (Address) | | | | |
| • | | | | |
| (City/State/Zip/Phone #) | | | | |
| | ☐ WAIT | MAIL | | |
| | ** //// | WALL | | |
| | | | | |
| (Bu | isiness Entity Nan | ne) | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| W16-11961 | NOT AVA | :/ | | |
| | | | | |

Office Use Only



900282219859

02/16/16--01034--018 **125.00

2016 OCT - 6 PM 5: 0

K. SALY OCT 11 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2016

BRACKEN LAW, P.A. LEVIN BRACKEN 12273 EMERALD COAST PKWY, STE 107 MIRAMAR BEACH, FL 32550

SUBJECT: COPA CABANA LLC Ref. Number: W16000011961

We have received your document for COPA CABANA 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 name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name 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.

The document number of the name conflict is P08000059585 "COPACABANA, INC.".

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.

Karen A Saly Regulatory Specialist II OCT -6 AMII: 28

Letter Number: 816A00003296

COVER LETTER

TO:

| TO: | Registration Section Division of Corporations | |
|---------|--|--|
| SUB II | Copa Cabana LLC, a Colorado limited liability company JECT: | |
| SUBJI | JECT: Name of Limited Liability Compa | any |
| | enclosed "Application by Foreign Limited Liability Company for Authorization to tence, and check are submitted to register the above referenced foreign limited lia | |
| Please | se return all correspondence concerning this matter to the following: | |
| | Levin Bracken | |
| | Name of Person | |
| | Bracken Law, P.A. | |
| | Firm/Company | |
| | 12273 Emerald Coast Parkway, Suite 107 | |
| | Address | |
| | Miramar Beach, FL 32550 | |
| | City/State and Zip Code | |
| | gojoenterprises@gmail.com | |
| | E-mail address: (to be used for future annual repor | t notification) |
| For fur | further information concerning this matter, please call: | |
| | Levin Bracken 850 795 | 2-2677 |
| | Name of Contact Person Area Code | Daytime Telephone Number |
| | Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327CliftTallahassee, FL 323142661 | EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle ahassee, FL 32301 |
| Enclos | osed is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee Certificate of Status Certified Copy | e & ☐ \$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 FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Copa Cabana LLC | | | |
|--|--|--|------------------------------|
| | eign Limited Liability Company; must include "Limi | ited Liability Company," "L.L.C.," or | "LLC.") |
| (If name unavailable, enter al Liability Company,""L.L.C, | ternate name adopted for the purpose of transacting "or "LLC.") | business in Florida. The alternate nan | ne must include "Limited |
| 2. Colorado | 3 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | |
| | (Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to do | prior to registration.) etermine penalty liability) | |
| 5. 16115 CR 306 | | | -50 8 |
| Buena Vista, CO 8121 | 1 | | 2016 OCT |
| 6. 16115 CR 306 | (Street Address of Principal Office |) | - H-6 T |
| Buena Vista, CO 8121 | | | 150 A |
| | (Mailing Address) | | 06 |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box NOT | acceptable) | #. |
| Name: | Cynthia Kenncdy | | |
| Office Address: | 179 Bayou Landing Road | | |
| | Santa Rosa Beach | , Florida 32459 | |
| Registered agent's accep | (City) | (Zip code) | - |
| Having been named as redesignated in this applicate to complywith the provisi accept the obligations of the control of the con | rgistered agent and to accept service of process tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and co my position as registered agent. (Registered agent sig | tered agent and agree to act in the omplete performance of my duties mature) | is capacity. I further agree |
| 8. The name, title or capa Jodianna Reese - Manage | acity and address of the person(s) who has/have | authority to manage is/are: | |
| 16115 CR 306 | | | |
| Buena Vista, CO 81211 | | | |
| | | a foreign language, a translation o | f the certificate under oath |
| | Signature of an authorize | d person | - |
| This document is executed | d in accordance with section 605 (1203 (1) (b). E | • | |

Typed or printed name of signce

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jodianna Reese

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Copa Cabana LLC

is a

Limited Liability Company

formed or registered on 02/09/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161065573.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/09/2016 that have been posted, and by documents delivered to this office electronically through 02/10/2016 @ 10:59:13.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/10/2016 @ 10:59:13 in accordance with applicable law. This certificate is assigned Confirmation Number 9496331



Mayne N. Williams

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://

*******End of Certificate******

www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."