## MIL 000008266

(Re	equestor's Name)	
•	,	
(Ac	ldress)	
(///	uicss)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
	_	F
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
`	,	
Cartified Conies	Cortificatos	of Statue
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	
		:

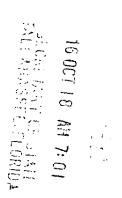




000287092690

06/27/16--01041--016 \*\*78.75

09/12/16--01042--011 \*\*46.25





September 12, 2016

LAURALOUISE M BLATT 8888 MISTY CREEK DR SARASOTA, FL 34241

SUBJECT: THE SHINE COMPANIES LLC

Ref. Number: W16000045805

We have received your document for THE SHINE COMPANIES 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):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

The form you submitted is for a Foreign Corporation, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 816A00013655

## **COVER LETTER**

**Registration Section** 

TO:

Div	ision of Corporation	s					
SUBJECT:	THE SHINE COMP						
002,1101	Name of Limited Liability Company						
					insact Business in Florida," Company to transact busine		
Please return	all correspondence c	oncerning this matter to the	following:				
	LAURALOUIS	E M. BLATT					
		N	ame of Person				
	THE SHINE C	OMPANIES LLC					
		Fi	rnı/Company				
	8888 MISTY C	REEK DRIVE					
			Address				
	SARASOTA, F	FL, 34241					
		City/S	tate and Zip Code				
	LL@THESHINE	COMPANIES.COM					
		E-mail address: (to be used	d for future annual re	eport not	ification)		
For further in	nformation concerning	g this matter, please call;					
LA	URALOUISE BLAT		941 at ()	888-00	952		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Div Reg P.O	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314		I F C 2	Division ( Registrati Clifton B 2661 Exe	of Corporations ion Section uilding secutive Center Circle see, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsigmu\$ \$\\$130.00\$ Filing Fee &  Certificate of Status	☐ \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Cerof 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 RUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alte	ernate name adopted for the purpose of transacting be	isiness in Florida. The alternate name	must include "Limited
Liability Company," "L.L.C,"			
2. DELAWARE	3. 36-4632	(FEI number, if applicable)	
company is organized)	f which foreign limited liability	(FEI number, if applicable)	
4. N/A	(D. C		
8888 MISTY CREEK	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to dete	rmine penalty liability)	
5. 0000 WISTY CREEK	DRIVE		
SARASOTA, FL 3424			
	(Street Address of Principal Office)		2 ·
6. <u>8888 MISTY CREEK I</u>			
SARASOTA, FL 3424	<b>\$</b> 1		000
•	(Mailing Address)		
7. Name and street address			
Name:	REGISTERED AGENTS INC.		
Office Address:	3030 N. Rocky Point Drive, STE 15	gà ô	
Gillee Hadresin	TAMPA	, Florida 33607	Sur.
	(City)	Zip code)	
this application, I hereby a with the provisions of all s	ristered agent and to accept service of process j accept the appointment as registered agent and tatutes relative to the proper and complete perj ion as registered agent	agree to act in this capacity. If a commance of my duties, and I am	urther agree to compl familiar with and acc
the obligations of my posit	(Registered agent's sign:		
<b>V</b>	(Registered agent's signa	and a facility of the first	
8. The name, title or capa	city and address of the person(s) who has/have a	uthority to manage is/are:	
8. The name, title or capa		uthority to manage is/are:	
·	city and address of the person(s) who has/have a	uthority to manage is/are:	

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.

Signature of an authorized person

LAURALOUISE M. BLATT

## <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE SHINE COMPANIES LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE SHINE COMPANIES LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202395783

Date: 05-27-16

4546517 8300 SR# 20163915942