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(6	Requestor's Name)				
(1)	requestors Marrie)				
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TALLABASSEE FLORIDA

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COVER LETTER

	stration Section ion of Corporatio	ns				
CUDIFOT	DAN VE	GA, LLC				
SUBJECT: _		Name of	Limited Liability	Company		_
		reign Limited Liability Comp ed to register the above refer				
Please return a	il correspondence	concerning this matter to the	following:			
	GARRETT P.	LABORDE, Esq.				
		N	ame of Person	<u> </u>		_
	LABORDE LI	EGAL GROUP, LLC				
	Firm/Company					_
	21 S. TARRAGONA ST, SUITE 103					
	Address					- - 78
	PENSACOLA	, FL, 32502				16 OCT
	GARRET	City/S T@LABORDELEGAL.CO	itate and Zip Code	,		20 SSE
		E-mail address: (to be use	d for future annua	l report not	ification)	- # FE
For further info	ormation concerning	g this matter, please call:				EFFLERION PH 4: 02
	DAN VEGA		772 at (261-45	36	
_	Name (of Contact Person	Area Code	Day	time Telephone Number	-
Divís Regis P.O. 1	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding scutive Center Circle ee, FL 32301	
	heck for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filion	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co	

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

IN COMPLIANCE WITH SECTION 60500C. FLUXBIA STATUTES, THE FOLLOWING IS SUBJECTED TO RECEITER A POWERN LIMITED LIABBILITY

CX XHIPANY TO TRANSACT BU	SPAESS IN THE STATE OF FLORIDA:	
I. DAN VEG		
(Name of For	rigs Unafted Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")
Liability Company," "L.L.C."		nust include "Limited
2_ MISSOU	<u>R1</u>	
(Jurisdiction under the law company is organized)	ot which foreign himsted liability (PEI manner, if applicable)	
conditity is defauted)		
4.	(Date first transacted business in Florada, if prior to registration.) (See sections 605,0904 & 605.0905. F.S. to determine possity liability)	
S. 3 W. GARDEN ST. A	352, PENSACOLA, F1, 12502	
	(Street Address of Principal Office)	ಹ
6. 3 W. GARDEN ST. #3	52, PENSACOLA, FL 32502	OCT
		4
***************************************	(Mailing Address)	20
7 Name and come address	S of Florida registered agent: (P.O. Box NOT accountble)	P
TO THE OLD SUCCE MODILE.		PA
Name:	GARRETT P. LABORDE ESQ.	÷.
Office Address:	21 S. TARRAGONA ST, SUITE RIS	20
	PENSACOLA Florida 32502 (Zin code)	
Registered agent's accep	· • · · · · · · · · · · · · · · · · · ·	
	ristered agent and to accept service of process for the above stated limited liability	r company at the place
	tion, I hereby accept the appointment as registered agent and agree to act in this o	
	ons of all statutes relative to the proper and complete performance of my duties, a my position as registered agent.	na i am januar was asa
	W # 2 + 0 1	
	1 and fordel	
	(Rivisioned agent's summary)	
8. The name, title or cum	ecity and address of the person(s) who bas/bave authority to manage is/are:	
	Authorized Member, 3 W. GARDEN ST. #352, PENSACCH A, FL 32502	
	American Malest, 3 W. CARDEN ST. P.S.S., FERSAL CONT. PE SERVE	······
		4-94F/s,
9. Attached is a certificate	of existence, no more than 90 days old, duly authenticated by the official having ou	stade of records in the
	of which it is organized. (If the corrificate is in a foreign language, a translation of the	-
of the translator must be st		
	Denie & Van	
	Signature of an authorated person	
	I in accordance with section 605.0203 (1) (\hbar), Florida Statutes. I am aware that any fit the Department of State complitates a third degree felony as provided for in s.817.13	
	DAN VEGA	
	Typed or printed name of signee	

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

Dan Vega LLC LC1075911

was created under the laws of this State on the 3rd day of August, 2010, 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 18th day of October, 2016.

Secretary of State

Certification Number: CERT-10182016-0041