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Division of Corporations

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Foreign Limited Liability Company 1318 2nd St, LLC

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Corporate Filing Menu

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K. SALY

NOV - 1 2016

COVER LETTER

UBJECT: 1318 2nd St, LL	ame of Limited Liability Company
ne enclosed "Application by Foreign Limited Li xistence, and check are submitted to register the	iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
case return all correspondence concerning this	matter to the following:
	Cheyenne Moseley
	Name of Person
	Legalzoom.com, Inc.
***************************************	Firm/Company
•	101 N Brand Blvd 11th Floor
**************************************	Address
	Glendale, CA 91203
	City/State and Zip Code
dnsalinero@hotmail.con	
E-mail addre	ess: (to be used for future annual report notification)
or further information concerning this matter, p	lease call:
Cheyenne Moseley	800 773-0888 ext9724
Name of Contact Person	
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section P.O. Box 6327	Registration Section Clifton Building
Tallahassee, Fl. 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

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

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BE			ING IS SUMMITTED TO REGISTE	ER A FOREIGN LIMITED LIABILITY
, 1318 2nd St, LLC				
(Name of Fore	eign Limited Liability Co	ompany; must include "Limi	ted Liability Company," "L.L.C.	," or "LLC.")
· · · · · · · · · · · · · · · · · · ·				
(If name unavailable, enter al Liability Company," "L.L.C.;	iternate name adopted fo " or "LLC,")	r the purpose of transacting	business in Florida. The alternate	e name must include "Limited
2. Wyoming		3.		
(Jurisdiction under the law company is organized)	of which foreign limited	Hability	(FEI number, if applie	able)
A				
	(Date first trans (See sections 605.	acted business in Florida, if 0904 & 605.0905, F.S. to do	prior to registration.) termine penalty liability)	WECKETAN PARCASTAN
5	•	,	, , ,	選言が
1318 2nd St., Key Wes	+ E1 3304A			一路百二
1518 Zild St., Key Wes		Address of Principal Office	·	一岁。
6.		•		_ % _ m
1318 2nd St., Key Wes				
1316 2htt 3t., Rey Wes	10000	(Mailing Address)		— 25 ST 92
7. Name and street address	e of Florida registered	Lavent: (P.O. Box NOT	accentable)	REFE 6
	Dennis Salinero	regamin (From English	,,	72
Name:			,	
Office Address:	356 Boen Chica Rd.			
	Key West		, Florida 33040	
Registered agent's accep	fance:	(City)	(Zip code	:)
Having been named as re	gistered agent and to dion, I hereby accept to ons of all statutes rela	the appointment as regis- trive to the proper and co	tered agent and agree to act to mplete performance of my d	liability company at the place in this capacity. I further agree luttes, and I am familiar with and
			authority to manage is/are;	
Dana Salinero, Manager,	356 Boca Chica Rd., I	Key West, FL 33040		
	·			
9. Attached is a certificate jurisdiction under the law of the translator must be so	of which it is organize	than 90 days old, duly at ed. (If the certificate is in Signature of an authorize		ving custody of records in the on of the certificate under oath
		_		
This document is executed submitted in a document to	i in accordance with se the Department of St	ate constitutes a third deg	lorida Statutes. I am aware tha ree felony as provided for in s	at any false information 3.817,155, F.S.
		Dana Salinero		

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

1318 2nd St, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 25**, **2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000724391**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of October, 2016 at 11:39 AM. This certificate is assigned 021316419.

Secretary of State

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SECRETARY OF STATE
SECRETARY OF STATE

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.