10/25/2016

Division of Corporations

# Doride Department of State Division of torporations Exercise Fing Coar Short

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			30
	Division of Corporations		
	Fax Number	: (850)617-6383	(,)
From:			
	Account Name	: LEGALZOOM.COM INC.	T:
	Account Number	: I20010000062	ŵ
	Phone	: (323)962-8600	
	Fax Number	: (323)962-3889	0

Email Address:\_

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# Foreign Limited Liability Company 1102 C Duval St, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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### **COVER LETTER**

SUBJECT: 1102 C Duval St.	ne of Limited Liability Company
	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this in	natter to the following:
	Cheyenne Moseley
	Name of Person
	Legalzoom.com, Inc.
	Firm/Company
10	01 N Brand Blvd 11th Floor
	Address
	Glendale, CA 91203
	City/State and Zip Code
dnsalinero@hotmail.com	
	s: (to be used for future annual report notification)
For further information concerning this matter, plea	ase call:
Cheyenne Moseley	800 773-0888 ext9724
Name of Contact Person	at ()
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section P.O. Box 6327	Registration Section Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status

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# 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 POREIGN. LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1 102 C Duval St, LLC
(Nume of Foreign Limited Liability Company; must include "Limited Liability Company," "I. L.C.," or "LLC.")

(Nursidiction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (Street Address of Principal Office)  (Street Address of Principal Office)  (Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  (City)  (	Wyoming	," or "LLC.")	_			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  1102 C. Duval St., Key West, FL 33040  (Street Address of Principal Office)  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  City  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (Registered agent's acceptance:  laving been named as registered agent and to accept service of process for the above stated limited liability company at the proposition of all statutes relative to the proper and complete performance of my duties, and t am familiar accept the obligations of my position as registered agent.  (Registered agent's signature)	(Jurisdiction under the law	of which foreign limited	3 I liability	(l'El number, if applicable)	,	<del></del>
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  1102 C. Duval St., Key West, FL 33040  (Street Address of Principal Office)  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  (City)  (Cit						
(Street Address of Principal Office)  (Street Address of Principal Office)  (Mailing Address)  (Mailing Address)  Name and street address of Florida registered agent; (P.O. Box NOT acceptable)  Name:  Dennis Salinero  Office Address:  (City)  (Ci	·	(Date first transi	neted business in Flori	da, if prior to registration.)		
(Street Address of Frincipal Office)  (Street Address of Frincipal Office)  (Street Address of Frincipal Office)  (Mailing Address)  (August Plonible Address)  (City)  (C				. to determine pensity manney)		
(Street Address of Principal Office)  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Dennis Salinero  Office Address:  Key West  (City)  (C						
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Dennis Salinero  Office Address: 356 Boca Chica Rd.  Key West , Florida 33040  (City) (Zip code)  egistered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the prignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent.  (Registered agent's signature)	1102 C. Duval St., Ke	•	Address of Deleginal (	Mice		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Dennis Salinero  Office Address: 356 Boca Chica Rd.  Key West , Florida 33040  (City)  (		•	•	·	<del>-</del>	
Name: Dennis Salinero  Office Address: 356 Boca Chica Rd.  Key West , Florida 33040  (City)  egistered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the resignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar agent the obligations of my position as registered agent.  (Registered agent's signature)					Ö	
Name:  Dennis Salinero  Office Address:  City)  City)  City  City  (City)  City  (City)  City  (City)  City  (City)  City  (City)  City  City  City  (City)  City	1102 C. Duval St., Ke	y West, FL 33040				·
Name:  Office Address:    Solution					(.S	14 12 1
Office Address:    Solution	Name and street addre	_	agent: (P.O, Box ]	NOT acceptable)	730	(1) (3)
Office Address:  Key West  (City)  (Ci	Name:	Dennis Salinero		<del></del>	II	11.44 = (4) th
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Taving been named as registered agent and to accept service of process for the above stated limited liability company at the esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)			(Cíty)	(Zip code)		,
. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		ition, I hereby accept to	ihe appointment as i	registered agent and agree to act in this	capacity. I	further
	complywith the provisi		,	lel -		
Dana Salinero, Manager, 356 Boca Chica Rd., Key West, FL 33040	complywith the provisi		,	's signature)		
	complywith the provisi scept the obligations of	my position as register	(Registered agent			
	complywith the provisi		,	's signature)		
	complywith the provisions of the obligations of the obligations of the obligations of the or cap	my position as register	(Registered agent e person(s) who has/	have authority 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.

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,

## 1102 C Duval St, LLC

is a

#### Limited Liability Company

formed or qualified under the laws of Wyoming did on August 23, 2016, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2016-000724132.

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 19th day of October, 2016 at 12:42 PM. This certificate is assigned 021267222.



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.