## M160000881

(Re	equestor's Name)			
. (Ac	ddress)	<del></del>		
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
WK0-6	8389	4.0-12		

Office Use Only



800288864578

10/03/16--01037--030 \*\*160.00

16 NOV -4 PM 2: 1
SECRETARY OF STATE
TAKE ANASSEF FLORID

D. SCOTT NOV 4 2016



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2016

CHRISTOPHER P. COLEMAN 7521 BISCAYNE BLVD MIAMI, FL 33138

SUBJECT: SANCHEZ + COLEMAN STUDIO, L.L.C.

Ref. Number: W16000068389

2816 NOV -4 PM 12: 44
SECRETARY OF STATE |
TALL AHASSEF, FI ORIDA

We have received your document for SANCHEZ + COLEMAN STUDIO, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 416A00021475

FILED

16 NOV -4 PM 2: 16

SECRETARY OF STATE
ORIDA

•		. IN FLORIDA		
IN COMPLIANCE WITH SEC	CTION 605 0902, FLORIDA STATU	TES. THE FOLLOWING IS SUB	MITTED TO REGISTER A	FOREIGN LIMITED LIABILI
	USINESS IN THE STATE OF FLOR			
Sanchez-Coleman Stud	dio.LLC .			•
(Name of Fore	eign Limited Liability Company:	must include "Limited Liability	y Company," "L.L.C.," or	r "LLC.")
	2 1 1 1	,	• • •	·
If name unavailable, enter al	Itemate name adopted for the pur	pose of transacting business in	Florida. The alternate nar	me must include "Limited
Liability Company," "L.L.C,	" or "LLC.")			
Delaware		81-2482578 3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(i	FEI number, if applicable	:)
				<del></del>
	(Date first transacted bus (See sections 605.0904 & 6	siness in Florida, if prior to region 5.0905, F.S. to determine per	istration.) nalty liability)	
7521 Biscayne Boulev			•	7.56 6 <b>16</b>
	<del></del>		<u></u>	
Miami, Florida 33138				
		of Principal Office)		
7521 Biscayne Bouleva	ard			mo m
		<del></del>	<u> </u>	
Miami, Florida 33138				_ 55 <i>\</i>
	(Mailir	ng Address)		음크 <b>-</b>
Name and street address	ss of Florida registered agent:	(D.O. Day NOT againstable	<b>_1</b>	F 0
Name and Spect addres		(F.O. BOX NOT acceptable	7)	
Name:	Christopher P. Coleman			
· · · ·	7521 Biscayne Boulevard			
Office Address:		<u></u>		
	Miami	. I	33138 Flo <del>r</del> ida	_
	(City)	)	(Zip code)	_
egistered agent's accep				
aving been named as re	gistered agent and to accept s	service of process for the al	pove stated limited liab	vility company at the place
esignatea in this applica Complywith the provisi	ition, I hereby accept the appo ons of all statutes relative to t	)intment as registerea agen the proper and complete pe	i ana agree to act in ii Hormance of my dutit	ns capacity. 1 jurilier agre ox and I am familiar with.
	my position as registered agen		gormance of my ware	
			Man	
			L. C. C. C. C.	
	(Re	gistered agent's signature)		
The name, title or capa	acity and address of the person	n(s) who has/have authority	to manage is/are:	
=	Interior Designer, 7521 Biscay			
				<del></del>
ingel Sanchez, Fashion I	Designer, 7521 Biscayne Boule	evard, Miami, Florida 3313	38	
		<u> </u>		
				<del></del>
An Indian de			1.1 (1.1 (20) (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.	
	of existence, no more than 90 of which it is organized. (If the			
f the translator must be su		e continuate is in a foreign if	miguago, a translation	or me continues mines out
	IB	water A. A.	1/200	•
		MIN MILL	10M	<del></del>
	Signat	ture of an authorized person		

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.

Typed or printed name of signee Christopher P. Coleman

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SANCHEZ-COLEMAN STUDIO 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 OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANCHEZ-COLEMAN STUDIO LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2016.

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

FILED

16 NOV -4 PH 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME OF THE PARTY OF THE PARTY

Authentication: 203236314

leftery W. Bulloca, Secretary of State

Date: 10-27-16

6026807 8300 SR# 20166349452

You may verify this certificate online at corp.delaware.gov/authver.shtml