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ANASSEE, FLORID

D. BRUCE NOV 0 4 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2016

MELINDA WARREN 1720 KINSALE CT MELBOURNE, FL 32940

SUBJECT: NOHBO LLC

Ref. Number: W16000069136

2016 NOV -4 PM 12: I

We have received your document for NOHBO LLC and your check(s) 50 staling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 of the than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 416A00021697

COVER LETTER

Registration Section

TO:

Division of Corporations								
SUBJECT:	NOHBO LLC							
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-						
The enclosed Existence, ar	I "Application by Ford and check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorize nced foreign limi	ution to Tra ted liability	nsact Business in l company to trans	Florida." (act busine	Certificate (ss in Florid	of la.
Please return	all correspondence co	oncerning this matter to the	following:					
	Melinda Warre	n						
	· · · · · · · · · · · · · · · · · · ·	Na	ime of Person		, , , , , , , , , , , , , , , , , , , 			
	NOHBO, LLC							
	Firm/Company							
	1720 Kinsale	Ct.						
			Address	-				
	Melbourne, FL	. 32940						
	· · · · · · · · · · · · · · · · · · ·	City/Si	tate and Zip Code					
	Melinda.warren	@nohboball.com						
		E-mail address: (to be used	for future annua	report not	ification)	<u> </u>	<u> </u>	
For further is	nformation concerning	g this matter, please call:						7
Me	elinda Warren		703 at (819-57)		SS AR	<u></u> ה	_
	Name o	f Contact Person	Area Code	Day	time Telephone N	umber	ם ת	7
Div Reg P.O	AILING ADDRESS: vision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	OII DOULOII	STATE	֧֓֞֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟ ֓֓֓֓֓֞֓֞֞֞֓֞֞֞֓֞֟	7
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filis Certified Copy	ng Fee &	☐ \$160.00 Filin of Status & Cert			

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: **NOHBO LLC** (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (FEI number, if applicable) Jurisdiction under the law of which foreign limited liability company is organized) 3/1/2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1720 Kinsale Court Melbourne, FL 32940 (Street Address of Principal Office) 1720 Kinsale Court Melbourne, FL 32940 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxahatchee (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position appealstgred agent. Kathy Shin on behalf of InCorp Services, Inc. Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

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

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NOHBO 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOHBO LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2016.

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

Authentication: 202991975

Date: 09-14-16