M16000008973

(R	equestor's Name)
(A	ddress)
•	
(A	ddress)
(C	ity/State/Zip/Phone #)
	—
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
Sola	La Mariaccal
	10 110000000
myb-	to Mr. Darcel
lare +	Lennussin to Atler.
add	Atler.
1016-736	30
ì	Office Usa apy
	/ '/
	47/9
	\sim



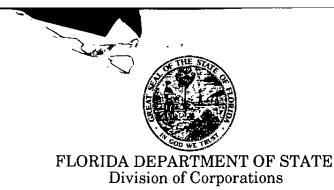
600291660346

10/28/16--01021--010 **160.00



M. MILLIGAN NOV 09 2016





October 31, 2016

DARRELL E. MYLES 1442 HOLDEN AVE APT C ORLANDO, FL 32839

SUBJECT: MYNEKES BUSINESS ENTERPRISES LLC

Ref. Number: W16000073636

We have received your document for MYNEKES BUSINESS ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Letter Number: 716A00023313

Tanisha L Washington Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Mynekes Business E	nterprises LLC					
SUBJECT.		Name of Limited Liability Company					
The enclosed Existence, an	"Application by Fore d check are submitted	eign Limited Liability Compa I to register the above referen	any for Authorizanced foreign limit	tion to Tran ted liability	nsact Business in Florida,' company to transact busin	Certificate of ness in Florida	
Please return	all correspondence c	oncerning this matter to the f	following:				
	Darrell E. Myle	s					
		Name of Person					
	Mynekes Busin	Mynekes Business Enterprises LLC					
	,	Firm/Company					
•	1442 Holden A	ve. Apt C					
		Address					
	Orlando, Florid	a 32839					
		City/State and Zip Code					
	dmylessr@yahoo	.com					
		E-mail address: (to be used	for future annual	report noti	fication)	•	
For further in	iformation concerning	g this matter, please call:					
Da	rrell E. Myles		407 at (860-869)	8		
	· Name o	f Contact Person	Area Code	Dayt	ime Telephone Number	-	
Div Reg P.O	ision of Corporations sistration Section Box 6327 lahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filid Certified Copy		■ \$160.00 Filing Fee, Coof Status & Certified Co		

· 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mynekes Business Ente	erprises LLC				
(Name of Fore	sign Limited Liability Company; mus	t include "Limited Liab	ility Company," "L.L.C.," or '	'LLC.")	-
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose " or "LLC.")	of transacting business	s in Florida. The alternate nam	e must include "Li	 mited
2. State of Delaware		3. 81-4084082			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)		_
4	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior to 0905, F.S. to determine	registration.) penalty liability)	-	
5. 1442 Holden Ave. Apt		,			eur ling
Orlando, Florida 32839)			15	er State of the st
	(Street Address of P	Principal Office)			43.
6. 1442 Holden Ave. Apt	С				gr_2^1 € *
Orlando, Florida 32839					est se V
	(Mailing A	Address)		WE N	
7. Name and street addres	ss of Florida registered agent: (P.	O. Box NOT accept	able)		
Name:	Darrell E. Myles		-		
Office Address:	1442 Holden Ave. Apt C		_		
	Orlando		, Florida 32839 (Zip code)	-	
	(City)		(Zip code)		
designated in this applica to complywith the provisi	egistered agent and to accept servetion, I hereby accept the appoints ons of all statutes relative to the pay position as registered agent. (Registered)	ment as registered a	gent and agree to act in thi	is capacity. I fur	ther agree
8. The name, title or capa	acity and address of the person(s)	who has/have author	ity to manage is/are:		
Darrell E. Myles 1442 Ho	olden Ave. Apt C Orlando, Fl 328	39 - P			
Ermal C. Myles 1442 Hol	lden Ave. Apt C Orlando, Fl 3283	39 - VP			
					
jurisdiction under the law of the translator must be s	Saul E M Signature	of an authorized person	gn language, a translation of	f the certificate u	nder oath
This document is executed submitted in a document to	d in accordance with section 605.0 the Department of State constitu)203 (1) (b), Florida (ites a third degree felo	Statutes. I am aware that any ony as provided for in s.817	y false informatio .155, F.S.	n

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MYNEKES BUSINESS ENTERPRISES 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-FIFTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MYNEKES BUSINESS ENTERPRISES LLC" WAS FORMED ON THE SIXTH DAY OF OCTOBER, A.D. 2016.

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





Authentication: 203217549

Date: 10-25-16

6174512 8300 SR# 20166344279