MICOOI US5

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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1016-7878L	1	

Office Use Only



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AUCALASSEF, FLORIDA

T WASHINGTON DEC 1 4 2016

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2016

REBECCA BALLINGER 125 E MERRITT ISLAND CSWY STE #107-125 MERRITT ISLAND, FL 32952

SUBJECT: 14, LLC

Ref. Number: W16000078784

We have received your document for 14, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 316A00025123

COVER LETTER

TO:

Registration Section

Divi	sion of Corporation	S				
SUBJECT:	14, LLC					
SUBJECT.		Name of L	imited Liability C	ompany		
The enclosed Existence, and	"Application by For d check are submitte	eign Limited Liability Compa d to register the above referen	any for Authoriza nced foreign limit	tion to Trai ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida
Please return	all correspondence of	oncerning this matter to the f	ollowing:			
	REBECCA BA	LLINGER				
		Na	me of Person			
	14, LLC					
	 	Fir	m/Company			
	125 E MERRIT	T ISLAND CSWY STE#10	07-125			
Address						
	MERRITT ISL	AND, FL 32952				
		City/St	ate and Zip Code			
	MRSREBECCA	BALLINGER@YAHOO.CO	PM			
		E-mail address: (to be used	for future annual	report noti	fication)	
For further in	formation concerning	g this matter, please call:				
REE	BECCA BALLINGE	R	201 at (486-018	6	
4181	Name o	f Contact Person	Area Code	Dayı	time Telephone Number	
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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:

111111111111111111111111111111111111111	Itemate name adopted for the purpose of transacting business.	iness in Florida. The alternate nar	ne must inc	lude "l	 Limited	
Liability Company," "L.L.C,	," or "LLC.")					
2. DELAWARE	3. 81-443851 of which foreign limited liability	(FEI number, if applicable				
company is organized)	of which foreign limited liability	(FEI number, it applicable)			
4			_			
	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to determ	or to registration.) nine penalty liability)				
5. 125 E MERRITT ISLA	AND CSWY STE# 107-125			ണ		ه. پ
MERRITT ISLAND F	L 32952			330	-44	}
	(Street Address of Principal Office)			2	ſ	
6. 125 E MERRITT ISLA	AND CSWY STE# 107-125			2	:71 D	•
MERRITT ISLAND F				23		
	(Mailing Address)		- 200	5		
7 Name and street address	ss of Florida registered agent: (P.O. Box NOT acc	entable)	7.			
	REBECCA RAYMOND D'ELIA BALLINGER	•				
Name:						
Office Address:	125 E MERRITT ISLAND CSWY STE# 107-1:	25				
	MERRITT ISLAND	, Florida 32952				
Registered agent's accep	(City)	(Zip code)	_			
	gistered agent and to accept service of process for tion, I hereby accept the appointment as registere ons of all statutes relative to the proper and comp	d agent and agree to act in th	is capacit	y. I fu	irther a	gree
to complywith the provisi accept the obligations of i	Registered agent's signatur	_	_			
to complywith the provision accept the obligations of a second se	Registered agent's signaturacity and address of the person(s) who has/have auti	_	_			
to complywith the provision accept the obligations of a second se	Registered agent's signatur	_	_	-		
to complywith the provision accept the obligations of a second se	Registered agent's signature acity and address of the person(s) who has/have authorized BALLINGER - OWNER	_	_	-		
to complywith the provision accept the obligations of a second the obligations of a second the seco	Registered agent's signature acity and address of the person(s) who has/have authorized BALLINGER - OWNER D CSWY STE# 107-125	_		-		

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.

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "14, LLC" IS DULY FORMED UNDER THE LAWS

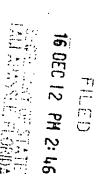
OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

SIXTEENTH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "14, LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2016.

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



AVS OF STATE OF STATE

Authentication: 203348724

Date: 11-16-16

6214698 8300 SR# 20166665776

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

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11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ign Limited Liability Company; must include "Limited Liability"				
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting busines or "LLC.")	s in Florida. The alternate nam	ne must inclu	ade "Limited	
DELAWARE	3 81-4438518				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)			
4.			_		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) e penalty liability)	_		
5. 125 E MERRITT ISLA	AND CSWY STE# 107-125		-		
MERRITT ISLAND FI	L 32952				
	(Street Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	_		
6. 125 E MERRITT ISLA	ND CSWY STE# 107-125	- <u></u>	_		
MERRITT ISLAND F	L 32952		1-14	≈ \$	
	(Mailing Address)		- E-6	330 g	
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT accept	able)		<u> </u>	
Name:	REBECCA RAYMOND D'ELIA BALLINGER	_	F. 1	2	
Office Address:	125 E MERRITT ISLAND CSWY STE# 107-125	_		PA C	
	MERRITT ISLAND	_, Florida <u>32952</u>		2: 4:	
Registered agent's accep	(City)	(Zip code)	> '`∶	01	
designated in this applica to complywith the provisi accept the obligations of a 8. The name, title or capa	rgistered agent and to accept service of process for the tion, I hereby accept the appointment as registered a cons of all statutes relative to the proper and complete my position as registered agent. Registered agent's signature acity and address of the person(s) who has/have authorized and address of the person(s) who has/have authorized acity and address of the person(s) who has/have authorized acity and address of the person(s) who has/have authorized acity and address of the person(s) who has/have authorized acity and address of the person(s) who has/have authorized acity and address of the person(s) who has/have authorized acity and address of the person(s) who has/have authorized acity and address of the person(s) who has/have authorized acity and address of the person(s) who has/have authorized acity and address of the person(s) who has/have authorized acity and address of the person(s) who has/have authorized acity and address of the person(s) who has/have authorized acity acit	gent and agree to act in the performance of my duties	is capacity.	. I further a	gree
REBECCA RAYMOND	D'ELIA BALLINGER - OWNER				
125 E MERRITT ISLAN	D CSWY STE# 107-125				
MERRITT ISLAND FL 3	32952				
	of existence, no more than 90 days old, duly authentic of which it is organized. (If the certificate is in a foreign ubmitted) Signature of all authorized persons	gn language, a translation o			

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