MIV0000110373

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2016

SANDY BORDERS C & S ACCOUNTING SERVICES, INC. 210 E MONUMENT AVENUE, SUITE C KISSIMMEE, FL 34741

SUBJECT: FANI LLC

Ref. Number: W16000083400

We have received your document for FANI 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):

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.

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.

The document number of the name conflict is L10000066476 FANIS, L.L.C..

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 716A00026527

COVER LETTER

TO:

TO:		ation Section n of Corporation	ıs				
CHDI	FA ECT:	ANILLC					
SUBJ	ECT:		Name of I	.imited Liability C	'ompany		
The er Existe	nclosed "A mee, and c	pplication by For heck are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza need foreign limit	tion to Tra ed liability	nsact Business in Florida," Cert company to transact business i	ificate of n Florida.
Please	return all	correspondence c	concerning this matter to the	following:			
		Sandy Borders					
			Ne	ime of Person			
		C & S Accounting Services, Inc.					
		Firm/Company					
		210 E Monument Ave, Suite C					
	Address						
		Kissimmee, FL 34741					
	City/State and Zip Code						
		sandy@csaccour	nting.net				
		E-mail address: (to be used for future annual report notification)					
For fu	irther infor	mation concernin	g this matter, please call:				
	Tomm	i Hakula		773 at (870-27	75	
		Name o	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations ion Section uilding centive Center Circle		
			ing amount: \$\Boxed{\Omega} \text{S130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified/Copy	ng Fee &	☐ \$160,00 Filing Fee, Certification of Status & Certified Copy	cate

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTEN. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACTBUSINESS INTHE STATEOFFLORIDA FANILLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC,") FANICAT 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 "L1,C,") , Delaware Applied for (Jurisdiction under the law of which foreign fimited liability (FEI number, if applicable) 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) 8383 Riverdale Lane Champions Gate, FL 33896 (Street Address of Principal Office) 8383 Riverdale Lane Champions Gate, FL 33896 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Tommi Hakula Name: 8383 Riverdale Lane Office Address: Champions Gate (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 as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Tommi Hakula, Managing Member, 8383 Riverdale Lane, Champions Gate, FL 33896 Helena Hakula, Managing Member, 8383 Riverdate Lane, Champions Gate, FL 33896 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.

Tommi Hakula

Typed or printed name of signee

Signature of an authorized person

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "FANI 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 NINETEENTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FANI LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2014.

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

Authentication: 203543030

Date: 12-19-16

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