# m16000010439

(Re	equestor's Name)				
(Ac	(Address)				
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		to.			
(Cı	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Name	<b>e</b> )			
(De	ocument Number)	·			
(Boodine it italiaet)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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SECREDARY OF STATE

D. SCOTT DEC 3 0 2016



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2016

LINDA DRESNER 487 NEPTUNE AVE ENCINITAS, CA 92024

SUBJECT: DRESNER & COMPANY, LLC

Ref. Number: W16000076796

We have received your document for DRESNER & COMPANY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been files 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: 516A00024333

#### **COVER LETTER**

		ration Section on of Corporation	S				
SUBJEC	T·	Presner & Company	y, LLC				
SOBOLIC	Name of Limited Liability Company						
			eign Limited Liability Compa I to register the above refere				
Please re	turn all	l correspondence co	oncerning this matter to the f	ollowing:			
		Linda Dresner					
		<del></del> ,	Na	me of Person			
	Dresner & Company, LLC						
Firm/Company							
	487 Neptune Ave						
Address							
	Encinitas, CA 92024						
City/State and Zip Code							
		dandresner@sbcg	global.net				
			E-mail address: (to be used	for future annual	report not	fication)	
For furth	ner info	rmation concerning	this matter, please call:				
	Linda	Dresner		760 at (	550-071		
		Name of	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section tox 6327 assee, FL 32314			Division of Registrati Clifton Brace 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	FILED FILED
		neck for the followi 5.00 Filing Fee	ing amount:  \$\mathbb{\mtx}\mt}\mtx\\\\\\\\\\\\\\\\\\\\\\\\\\\	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	rtificate

## APPLICATION BY FOREIGN LIMITED DELLITY 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. Dresner & Company, L		
(Name of Fore	eign Limited Liability Company; must include "Li	nited Liability Company," "L.L.C.," or "LLC.")
		g business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C."		20.6428227
2. California		20-5438237
company is organized)	of which foreign limited liability	(FEI number, if applicable)
March 31, 2016		*****
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)
3. 487 Neptune Ave		
Encinitas, CA 92024		
•	(Street Address of Principal Office	<del>z</del> )
6. 487 Neptune Ave		
Encinitas, CA 92024		
	(Mailing Address)	
7. Name and street addres	s of Florida registered agent: (P.O. Box NO	T acceptable)
	Paula Steepin	,
Name:	Tudia Scoopiii	
Office Address:	6262 142nd Ave #1306	
	Clearwater	, Florida 33760
	(City)	(Zip code)
designated in this applica	gistered agent and to accept service of proce tion, I hereby accept the appointment as reg	ss for the above stated limited liability company at the place istered agent and agree to act in this capacity. I further ago complete performance of my duties, and I am familiar with
	ons of an statutes retailve to the proper and t my position as registered agent.	complete performance of my addes, and I am familiar with
, , , , , , ,		
	Paula Stepin (Registered agent's s	ignature)
	(Registered agents as	三十二
8. The name, title or capa	acity and address of the person(s) who has/hav	re authority to manage is/are:
Linda Dresner, member		
487 Neptune Ave		
Encinitas, CA 92024		3, 08
	of which it is organized. (If the certificate is i	authenticated by the official having custody of records in the n a foreign language, a translation of the certificate under oat
	-	•
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b), the Department of State constitutes a third do	Florida Statutes. I am aware that any false information egree felony as provided for in s.817.155, F.S.
	Linda Dresner	

Typed or printed name of signee

### State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: DRESNER & COMPANY, LLC

FILE NUMBER:

200623010160

FORMATION DATE:

08/16/2006

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 19, 2016.

**ALEX PADILLA Secretary of State**