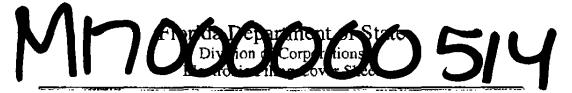
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https://efile.sunbiz.org/scripts/efilcovr.exe



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To:

Division of Corporations

Fax Number : (850)617~6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## Foreign Limited Liability Company **Ghost Management LLC**

THE RESIDENCE AND PROPERTY OF THE PROPERTY OF	COMPANY OF STREET
Certificate of Status	0
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN PLORIDA

IN CLAMPLAINCE WITH SECTION 605.0902 FLORIDA STATUTES THE POLLOWING IS SUBMITTED TO RECISIER A FOREIGN LIMITED COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lim Liability Company," "L.L.C," or "LLC.")	úted
2. (Aurisdiction under the law of which foreign limited liability company is organized)  (PEl number, if applicable)	
4.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to dominine penalty liability)	
3. 4030 South Pipkin Road	i
Lakeland, FL - 338/1	:
Lakeland, FL - 338/1  (Street Address of Principal Office)	
6 same as street address	2
(Mailing Address)	٠ : : :
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Bricen G Phil Dot-	
Office Address: 4030 S. Pijakin Rd	
LCLK CCCCC , Florida 3381/ (Zin code)	
(2,4)	
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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent.  (Registered agent's signature)	place er agree with and
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Brian G Philpot Managing Member 403050. Pipkia Rd, La	Keland, FL. 811
9. Attached is a certificate of existence, no more than 90 days will, dulk authenticated by the official having custody of records i jurisdiction under the law of which it is organized. (If the fortificate is in a foreign language, a translation of the certificate under the translator must be submitted.  Signature of an authorized person	n the er oath
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.	
Brian 6 Philpot Typed or printed name of signee	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GHOST MANAGEMENT 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 EIGHTEENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GHOST MANAGEMENT LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2016.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSRC

Authentication: 201892082

Date: 01-18-17