## M17000000670

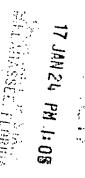
(Pa	questor's Name)			
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(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
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Special Instructions to Filing Officer:				
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December 13, 2016

SHIRRONDA SWEET 9 SAGE DRIVE WARREN, NJ 07059

SUBJECT: THIS IS DOPE LLC Ref. Number: W16000083381

We have received your document for THIS IS DOPE LLC and your check(s) totaling \$130.00 of which \$125.00 has been applied to file the other document(s)-leaving a balance of \$5.00 to file this document. However, the document has not been filed and is being retained in this office for the following:

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 016A00026520

## COVER LETTER

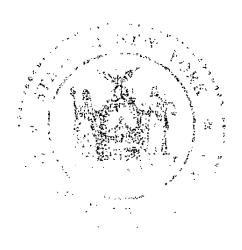
TO:	Registration Section Division of Corporatio	ns		
SUBJI	ECT:	This 15 Name of	Limited Liability Company	
				ansact Business in Florida," Certificate of sy company to transact business in Florida
Please	return all correspondence	concerning this matter to the	following:	
		Shircon	a Sweet	<del></del>
		This	15 Dope	LLC
		ři	irm/Company	
		9 Sage 7	Drive	
		J	Address	
		Warren.	NJC	7059
		City/S	tate and Zip Code	•
	Shir	E-mail address: (to be used	d for future annual report no	e net tification)
For fur	ther information concerning	g this matter, please call;		
	Shir (Or Name	da Swee F of Contact Person	at (917) 6 Area Code Da	27-9234 ytime Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclos	ed is a check for the follow \$125.00 Filing Fee	ving amount:  D\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

	ION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS . SINESS IN THE STATE OF FLORIDA:	SUBMITTED TO REGISTER A	A FOREIGN LIMITED LIABILITY
1	This is DAR 110		
(Name of Foreig	gn Limited Liability Company; must include "Limited Lia	bility Company," "L.L.C.," o	or "LLC.")
	110 LC		
(If name unavailable, enter alte Liability Company," "L.L.C,"	ernate name adopted for the purpose of transacting busines or "LLC.")	ss in Florida. The alternate na	ime must include "Limited
2. Now You	2 K 3.		
(Jurisdiction under the law o company is organized)	f which foreign limited liability	(FEI number, if applicabl	e)
4. <u>De</u>	C. 30, 2016		_
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	o registration.) e penalty liability)	
5 63	Taaffe Place	Se 101	_
Brob	(Street Address of Principal Office)	15	_
6. 9 5	aue Drive		
war	en 11 07059		_
wan	(Mailing Address)		_
7. Name and street address	of Florida registered agent: (P.O. Box NOT accept	able)	
Name:	REGISTERED AGENTS INC.		A A
Office Address:	3030 N. Rocky Point Drive, STE 150A	_	2
	TAMPA	- , Florida 33607	The Report of
Registered agent's accepta	(City)	(Zip code)	100
Having been named as reg	istered agent and to accept service of process for th		
	ccept the appointment as registered agent and agre atutes relative to the proper and complete performa		
the obligations of my positi	on as registered agent	• •	-
_	Bill Havre/	Assistant Secretary/	Registered Agents Inc
	(Registered agent's signature)		
8. The name, title or capac	ity and address of the person(s) who has/have author	rity to manage is/are:	
Shirrand	la Sweet - Managii	ns member	
9 Saat	Drive worren	NT 0705	9
.)	, , ,	· · ·	<b>-</b>
0.4		20 111	
	of existence, no more than 90 days old, duly authentic f which it is organized. (If the certificate is in a foreign		
of the translator must be sub	omitted)	l.	
-	2. Yuu	f	_
	Signature of an authorized person	n	
	in accordance with section 605.0203 (1) (b), Florida the Department of State constitutes a third degree felority		

## State of New York Department of State } ss:

I hereby certify, that THIS IS DOPE! LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/18/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 30th day of December two thousand and sixteen.

BAT ?

Brendan W. Fitzgerald

Executive Deputy Secretary of State