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(Requesto	r's Name)
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PICK-UP	WAIT MAIL
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**S** Warren

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2017

MINDI PLANTE 5501 COMMUNICATIONS PARKWAY SARASOTA, FL 34240

SUBJECT: ROUTE TWELVE ENTERPRISES, LLC

Ref. Number: W17000009733

We have received your document for ROUTE TWELVE ENTERPRISES, 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.

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: 717A00002167

то:	Registration Section Division of Corpora						
SUBJE	СТ:	Route -		Enturprise of Limited Liability		<u>-C</u>	
			ted Liability Co	mpany for Authoriza	ation to Ti	ransact Business in Florida," Certifica ty company to transact business in Flo	
Please r	eturn all corresponden	ce concerning	this matter to th	he following:			
			Mir	vdi Plante Name of Person			
					Ente	rprises, LLC ns Parkway	
			55c	Address	ication	ns Parkway	
			Sar City	a sota, FL /State and Zip Code	342	40	
		E-mail ac	plante@r dress: (to be us	ACCOIN .CO	report no	tification)	
For furth	ner information concer	ning this matte	er, please call:				
	Mindi Pl	arte e of Contact F		at ( <b>QUI</b> Area Code		20 · 3990 /time Telephone Number	
	MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ons			Division Registrat Clifton B 2661 Exe	of Corporations ion Section fullding centive Center Circle see, FL 32301	
Enclosed	is a check for the folk  12 \$125.00 Filing Fee	□ \$130.00	: () Filing Fee & e of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

## 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:
Route Twelve Enterprises LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 "LI.C.")
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 20.3(o)(a284)  (FEI number, if applicable)
4(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 5501 Communications Parkway
Savasata Fi 34240
(Street Address of Principal Office)
6. 5501 Communications Parkway
VII asota, FL 34240
(Mailing Address)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Mark Salzburg
Office Address: 5501 Communications Parkway
Samsota Florida 34240
(City) (Zip code)
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:
Mark Salzberg, Member
5501 Communications Parkway
Sarasota, FL 34240
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)
Signature of an authorized person
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.
Mark Salabora

Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "ROUTE TWELVE ENTERPRISES, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SEVENTH DAY OF OCTOBER,

A.D. 2005, AT 11:21 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE FIRST DAY OF DECEMBER, A.D. 2005, AT 3:28 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "ROUTE TWELVE ENTERPRISES,

LLC".

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

Authentication: 202066593

Date: 02-20-17

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