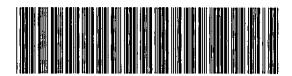
111700000 920

(Re	questor's Name)		
(Ad	dress)		
, (Ad	dress) .		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		
WM-60'	50		

Office Use Only



500295782395

02/21/17--01035--023 **130.00

STATE OF STATE OF STATE

n BRUCE MAR 0 7 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2017

BARBARA HARROD 360 CENTRAL AVE, STE 852 ST. PETERSBURG, FL 33701

SUBJECT: LEAK ELIMINATORS, LLC

Ref. Number: W17000015350

Colpected

We have received your document for LEAK ELIMINATORS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 117A00003407

17 MAR -7 AM 10: 55

COVER LETTER

TO: Registration Section Division of Corporations	8			
SUBJECT: LEAK	2 Lauinil3	s LLC	<u>,, , , , , , , , , , , , , , , , , , ,</u>	
	Name of L	Limited Liability Company		
The enclosed "Application by Fore Existence, and check are submitted				
Please return all correspondence co	oncerning this matter to the	following:		
) ALBARA	HARRO d		
		inc of Leizon		
١	eak Climi	wtoll, LL		
Firm/Company				
<u>360</u>	Central Ave		852	
		Address		
St.	Petersbur	SH , 1 ~	33701 ===	
	City/St	ate and Zip Code		
barbon		nators. Om	A 1	2/4 243
	E-mail address: (to be used	for future annual report not	· [7]	
For further information concerning	this matter, please call:		<u> </u>	
BARBAR	HARRON	at (502) 80	3-7845 5	
Name of	f Contact Person	Area Code Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations			T ADDRESS: of Corporations	
Registration Section	egistration Section Registration Section			
P.O. Box 6327		Clifton B	Building ecutive Center Circle	
Tallahassee, FL 32314			see, FL 32301	
Enclosed is a check for the following	ing argount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee &	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certified Copy	ficate

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:
1. Leak Elini, 1168 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 "LLC.")
2. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
330 Lisle Tudysteial Ave. Lexington, by 40511 (Street Address of Principal Office)
6. 360 Central Avz. Str B52, 81. Petrusburg, Fl 33701
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: BARBARA HARROD
Office Address: 360 CENTRAL AVR. Str 852
St. Petresbupa Florida 3370 1
(City) , Florida (Zip code) (7) (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 dutles, and I am familiar with and accept the obligations of my position as registered agent.
Scalar College
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Richard LAWREUCE 1630 LEIGURE DR. CLEBRUATED EL 229554788108
BARRADA HARRA 3049 Clivton St. Gultport FL 33707 - Co. Hoollow
BARRADA HARROL 3049 Clinton St. Gulfroot FL 33707 - CONTROLLER Charles HARROL 3049 Clinton St. Gulfroot FL 33707 - Salesman
MARIE HARACE JULY CILIDIO OF CULTION FOR SALESMAN
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)
Rau Naud
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.
BARBARA 6. HARROD
Typed or printed name of signee

2/13/2017 Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Division of Corporations **Business Filings** P. O. Box 718 Frankfort, KY 40602 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication Number: 186023

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is January 12, 1999.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275 190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 13th day of February, 2017.



Alison Lundergan Grimes Secretary of State

Commonwealth of Kentucky

alison Gurdengan Crimes

186023/0467581