M17000002114

	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UF	P WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer						

Office Use Only



500295903745





D. SCOTT MAR 1 5 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2017

523605

CSC

SUBJECT: FPV HOLDINGS LLC Ref. Number: W17000016861

Please give original submission date as file date.

We have received your document for FPV HOLDINGS 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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: 317A00003773

DEPARTMENT OF SIME

17.

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 523605 4302407

AUTHORIZATION

COST LIMIT : (\$_125.00

ORDER DATE : February 24, 2017

ORDER TIME : 1:07 PM

ORDER NO. : 523605-010

CUSTOMER NO: 4302407

FOREIGN FILINGS

NAME: FPV HOLDINGS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

	Divisi	ion of Corporation	DQS				
SUBJEC		PV Holdings LL	C				
	Name of Limited Liability Company						
The encl Existenc	osed " e, and	Application by Fo	oreign Limited Liability Com and to register the above refer	pany for Authorization to renced foreign limited liab	Transact Business in Florida,"	Certificate of ness in Florida	
olease re	turn al	ll conespondence	concerning this matter to the	following:			
		Paul J. Vincer	nti				
			,	lame of Person			
		Vincenti & Vi	incenti, P.C.				
		Firm/Company					
		61 Broadway,	Suite 1310				
		Address					
		New York, N	Y 10006				
			City/S	State and Zip Code			
		paul.vincenti@	vincenti.com				
			E-mail address: (to be use	d for future annual report	notification)		
or furth	er info	rmation concerni	ng this matter, please call:				
	Paul Vincenti		212 509	-4600	-1:50 -1		
		Name	of Contact Person		Daytime Telephone Number	FO T	
		ING ADDRESS		STRI	EET ADDRESS:		
	Division of Corporations			Division of Corporations			
	Registration Section P.O. Box 6327			Registration Section Clifton Building			
		assee, FL 32314		2661	Executive Center Circle nassee, FL 32301	FE 27 WE	
Inclosed	is a ch	neck for the foliov	ving amount:			色带 石	
		5.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee a Certified Copy			

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

IN COMPLIANCE WITH SECTION 615.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FPV Holdings LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") FPV Manuals 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.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905. P.S. to determine penalty liability) 1127 Goodrich Ave Sarasota, FL 34236 (Street Address of Principal Office) 1127 Goodrich Ave Sarasota, FL 34236 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Florida 32301 Tallahassee (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 und 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.
Corporation Service Corporation By: (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Tim Nilson, 1127 Goodrich Avenue, Sarasota, FL 34236 - Manager 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 perfecte 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.

Typed or printed name of signee

Paul J. Vincenti, Esq.,

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "FPV HOLDINGS 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FPV HOLDINGS"
LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2017.

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

Authentication: 202089190

Date: 02-23-17

6325336 8300

SR# 20171196116

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

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Author	ized Person
FPV Haldings LLC of	
(Name of Limited Liability Company)	
a limited liability company duly organized and existing under	er the laws of
Delaware	
(State or Country of Organization)	
Because the name of this foreign limited liability company of	loes not satisfy the
requirements of the s. 605.0112, F.S., the limited liability co	ompany hereby adopts the
following name to transact business in the state of Florida:	
FPV Manuals LLC	
(Name to be used by limited liability company in Florida. NOTE: Name must e Company, L.L.C., or LLC.)	ontain Limited Liability
Mallean	3/7/2017
Signature Authorized Person	Date

CR2E122 (12/13)