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(Address)

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(City/State/Zip/Phone #)

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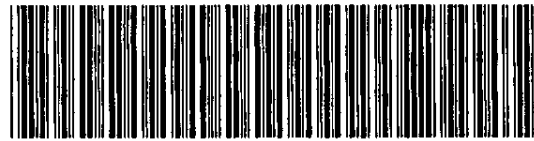
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 15 A 9:30

FILED

D. BRUCE
MAR 16 2017

13 March 2017

Ms. Deborah Bruce
Regulatory Specialist II
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Ms. Bruce

Thank you for your letter. My apologies. I thought I had included the Certificate of Existence and I definitely omitted the titles for both members.

These points have now been corrected. Please don't hesitate to contact me if anything further is needed.

Thanks again

Sincerely,



Dan Brown
Abruzzo Projects
(805) 418-0463
1652 Sunnybrook Lane
Clearwater, FL 33764

FILED
2017 MAR 15 A 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2017

DANIEL BROWN
1652 SUNNYBROOK LANE
CLEARWATER, FL 33764

SUBJECT: ABRUZZO PROJECTS LLC
Ref. Number: W17000019063

We have received your document for ABRUZZO PROJECTS LLC and your check(s) totaling \$160.00. 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.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 017A00004310

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Abruzzo Projects LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Daniel Brown

Name of Person

Abruzzo Projects LLC

Firm/Company

1652 Sunnybrook Lane

Address

Clearwater, FL 33764

City/State and Zip Code

dan.robert.brown@gmail.com

E-mail address: (to be used for future annual report notification)

2017 MAR 5 A 9 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Daniel Brown

805

418-0463

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$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**

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. Abruzzo Projects 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. Kentucky, USA 3. EEL: 47-2479775, Tax Account #: 510328
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not applicable. Not operating in Florida yet
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 644 Linden Avenue
Newport, KY 41071
(Street Address of Principal Office)


6. 644 Linden Avenue
Newport, KY 41071
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Daniel Brown
Office Address: 1652 Sunnybrook Lane
Clearwater, Florida 33764
(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 comply with 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.

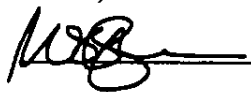

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Daniel Brown, 1652 Sunnybrook Lane, Clearwater, FL 33764 - Manager

Melissa Brown, 1652 Sunnybrook Lane, Clearwater, FL 33764 - Owner

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.

Melissa Brown

Typed or printed name of signee

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2017 MAR 15 A 9:30
TALLAHASSEE, FLORIDA

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 186784

Visit <https://app.sos.ky.gov/fishow/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,

Abruzzo Projects, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and
KRS Chapter 275, whose date of organization is December 8, 2014 and whose period
of duration is perpetual.

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 14A.6-010 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 3rd day of March, 2017, in the 225th year of the
Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
186784/0904256