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#### **COVER LETTER**

	egistration Section ivision of Corporation	s					
SUBJECT	SATO CONSULTIN	IG SERVICES, LLC					
SOBJECT	•	Name of Limited Liability Company					
The enclos Existence,	ed "Application by Fore and check are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Trai ed liability	nsact Business in Florida," Certific company to transact business in F	ate of lorida.	
Please retu	rn all correspondence co	oncerning this matter to the	following:				
	ROWEE ATAR	Y					
		Na	ame of Person				
	DASZKAL BO	LTON LLP				n Florida.	
		Firm/Company 401 NW BOCA RATON BLVD					
	2401 NW BOC						
			Address				
	BOCA RATON	RATON, FL 33431					
		City/State and Zip Code					
	RATARY@DBL	LP.COM					
		E-mail address: (to be used	l for future annual	report noti	fication)		
For further	information concerning	this matter, please call:					
R	OWEE ATARY		561 _ at (	953-146	51		
_	Name of	Contact Person	Area Code	Day	time Telephone Number		
D R P	IAILING ADDRESS: pivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	s a check for the following \$125.00 Filing Fee	ng amount:  \$\mathbb{\text{B}}\$ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy	e	

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

IN COMPLIANCE WITH SECTION 605 D902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SATO CONSULTING			
(radic of Pore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or	"LLC.")
if name unavailable, enter alt iability Company," "L.L.C,"	ernate name adopted for the purpose of trans or "LLC.")	acting business in Florida. The alternate nar	ne must include "Limited
WYOMING		30-0969424	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	)
	(Date first transacted business in Flo	ride if aries to seguritation	_
1712 PIONEER AVE,	(See sections 605.0904 & 605.0905, F.	S. to determine penalty liability)	_
·	0.0		2011 MAR 22 PM 1:53
CHEYENNE, WY 820			- 1
2 1712 PIONEER AVE,	(Street Address of Principal	Office)	一
5, 1/12/10/12/20/14/25	512 500		AR 22 W
CHEYENNE, WY 820	01		FG 3
· · · · · · · · · · · · · · · · · · ·	(Mailing Address)		76 -
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	是 5
Name:	ROWEE ATATRY - DASZKAL BOL	_	2
rans.	2401 NW BOCA RATON BLVD		
Office Address:			
	BOCA RATON	, Florida 33431	_
Registered agent's accep	(City)	(Zip code)	
Having been named as re designated in this applica to complywith the provisi	rgistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper my position as registered agent.	registered agent and agree to act in thi	is capacity. I further agre
	(Registered age	nt'adorigiume)	-
8. The name, title or caps JASON KINSALE, SOLI	acity and address of the person(s) who ha	- -	
C/O JASON B. GILLER,	PA 701 BRICKELL AVE, STE 2000		
MIAMI, FL 33131			· ·
9. Attached is a certificate jurisdiction under the law of the translator must be a	e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)	duly authenticated by the official having on it is in a foreign language, a translation of	rustody of records in the the certificate under oath
	Signature of an au	thorized person	,
		•	
This document is execute submitted in a document t	d in accordance with section 605,0203 (1) to the Department of State constitutes a thi	(b), Florida Statutes. I am aware that any rd degree felony as provided for in s.817.	false information 155, F.S.

Typed or printed name of signee

JASON KINSALE

## STATE OF WYOMING Office of the Secretary of State



I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### Sato Consulting Services, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 6, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000734866**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of March, 2017 at 11:23 AM. This certificate is assigned 022555518.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.