M17000002968

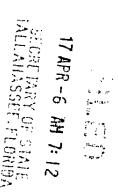
| (Re | equestor's Name) | <u>_</u> | | | | |
|-----------------------------------------|-------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Ci | ty/State/Zip/Phon | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificate | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



200296251162

03/17/17--01013--015 **130.00



380 Ursa Ave. Merritt Island, FL. 32953

Monday, April 03, 2017

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

Ref: Letter Number 017A00005358

Dear Sir/Madam:

I have received the letter from Mr. Justin Shivers indicating a correction being required on my application for filing of the LLC.

I have made the correction adding "Manager of LLC" in Section 8 on the Original in pen and have also enclosed a copy of the corrected application document as requested.

I look forward to getting this LLC registered.

Best regards,

Donald W. Grissett Mobile: 626.364.2292

5

COVER LETTER

TO:

Registration Section

| Divisi | ion of Corporation | ns | | | | | | |
|------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------|--|--|--|
| | Cheltenham Enterp | | | | | | | |
| _ | Name of Limited Liability Company | | | | | | | |
| | | | | | unsact Business in Florida," Certificate y company to transact business in Florid | | | |
| Please return a | ll correspondence | concerning this matter to the | following: | | | | | |
| | Donald Grisset | t | | | | | | |
| | | N | ame of Person | | | | | |
| | Cheltenham Enterprises, LLC | | | | | | | |
| | Firm/Company | | | | | | | |
| | 380 Ursa Ave. | | | | | | | |
| | | | Address | | | | | |
| | Merritt Island, | Florida 32953 | | | | | | |
| | | City/S | tate and Zip Code | | | | | |
| | dongrissett@use | | | | <u></u> | | | |
| | | E-mail address: (to be use | d for future annual | report not | iffication) | | | |
| For further info | ormation concerning | ng this matter, please call: | | | | | | |
| Dona | ald Grissett | | 626 at (| 364-22 _) | 92 | | | |
| | Name o | of Contact Person | Area Code | Day | time Telephone Number | | | |
| Divis Regis P.O. | LING ADDRESS: tion of Corporation stration Section Box 6327 hassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section suilding ecutive Center Circle see, FL 32301 | | | |
| | check for the follow 25.00 Filing Fee | ving amount: ■ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | ng 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:

| Cheltenham Enterprise | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of Fore | ign Limited Liability Company: must inc | clude "Limited Liability Company," "L.L.C | C.," or "LLC.") |
| (If name unavailable, enter al Liability Company," "L.L.C, | | transacting business in Florida. The alterna | ate name must include "Limited |
| 2. State of New Mexico | | 3 FEDERAL EIN No. 82-0731389 | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if appl | icable) |
| 4. Not Applicable (No T | ransactions have been made) | | |
| | (Date first transacted business in (See sections 605.0904 & 605.090) | Florida, if prior to registration.) 5, F.S. to determine penalty liability) | |
| 5. <u>380 Ursa Ave.</u> | | | |
| Merritt Island, Florida | 32953 | | |
| | (Street Address of Princ | cipal Office) | |
| 6. <u>380 Ursa Ave</u> . | | | |
| Merritt Island, Florida | 32953 | | 7 |
| | (Mailing Addr | ress) | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. I | Box NOT acceptable) | 77.5 |
| Name: | Donald W. Grissett | | SET OF THE PROPERTY OF THE PRO |
| Office Address: | 380 Ursa Avc. | | |
| | Merritt Island | , Florida ³²⁹⁵³ | 2 |
| Registered agent's accep | (City) | (Zip coo | |
| designated in this applicate complywith the provising accept the obligations of the control of t | tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent. (Registered | of process for the above stated limited into a registered agent and agree to act per and complete performance of my agent's signature) o has/have authority to manage is/are: | t in this capacity. I further agre |
| 380 Ursa Ave. | | | |
| Merritt Island, Florida 32 | 953 | | |
| jurisdiction under the law of the translator must be s | of which it is organized. (If the certifubmitted) Signature of a | old, duly authenticated by the official had a translated by the official had a translated by the official had been accordingly a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translated by the official had been accordingly as a translate | ition of the certificate under oath |
| | | a third degree felony as provided for in | |

Typed or printed name of signee

Donald W. Grissett

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

CHELTENHAM ENTERPRISES, LLC 5095204

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on July 31, 2015, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: March 13, 2017

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Toulouse Oliver
Secretary of State

Certificate Validation #: 0008312

A certificate issued electronically from the New Masica Secretary of State's office is immediately valid and effective. The califility of a certificate may be astablished by stemme the Certificate Validation option on the Susiness Filing System at fittps://pental.ses.state.nm.us/8fsrenime and following the instructions displayed under Certificate Validation.