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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2017

LISA MERCONCHINI 1700 N UNIVERSITY DR, #302 CORAL SPRINGS, FL 33071

SUBJECT: ASHER WORLDWIDE, LLC

Ref. Number: W17000045034

We have received your document for ASHER WORLDWIDE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 617A00010689

MIL

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Asher Worldwide, 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:
Lisa Merconchini Name of Person
Asher Worldwide, LLC Firm/Company
1700 N University Dr, #302
Coral Springs FL 33071 City/State and Zip Code
Lisa a, As HERWW. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
USA Muranchini at (954) 415-5343  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 Tallahassec, FL 32301
Enclosed is a check for the following amount:  \$\Begin{array}{c} \Delta \text{\$125.00 Filing Fee} & \Delta \text{\$130.00 Filing Fee} & \Delta \text{\$155.00 Filing Fee} & \Delta \text{\$160.00 Filing Fee}, Certificate \text{ Certified Copy} \end{array}\$  Certified Copy

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

IN COMPLEMENTH SECTION (0.000), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY CONFLOYIU TRANSICT BUSINESS IN THE STATE OF FLORIDA:

וו ישיני נישוא אלאלים, מינה צ'ומיוני וו	the adopted for the purpose of transacting business in Hor	ida. The alternate name must include "Limited I tabi	bry Company," "L.L.C," or "LLC.")
Delaware		3 82-1461036	
Consequent under the law of ab	ech foreign limited liability company is organized)	(FEI numbe	r, if applicable)
4	Number 1990 Stall blooms on March 1990 Stall	Filtro Ir strum 1	
1700 N University	(Date first transacted business in Florida, if prior to to observe sections 605 0904 & 605 0905, F.S. to determine		
5. 1700 N University Dr		6. 1700 N University Dr	35)
Suite 302		Suite 302	
Coral Springs, Florida 33076		Coral Springs, Florida	1 33076
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	1 33076
Name:	Kara Alari		हैं उ
Office Address:	1700 N University Dr, Ste 302	2	
	Coral Springs, Florida	, Florida 33071	7
Registered agent's accep	(City)	(Zip code	1
and accept the obligation	is of my position as registered ovent,	and complete performance of my d	luties, and I am familiar with
and accept the obligation	is of my position as registered agent.  Hava Clau	-	luties, and I am familiar with
and accept the obligation	Kara Clau  (Reproteed agent's	signature)	luties, and I am familiar with
and accept the obligation	is of my position as registered agent.  Hava Clau	signature)	luties, and I am familiar with  Name and Address:
and accept the obligation  8. The name, title or cap	(Reprisered agent)  Acra Claum  (Reprisered agent)	signature) as/have authority to manage is/are:	
8. The name, title or cap Title or Capacity:	(Repsicred agent)  (Repsicred agent)  active and address of the person(s) who have	signature) as/have authority to manage is/are:	
8. The name, title or cap Title or Capacity:	(Repistered agent)  (Application of the person of the pers	signature) as/have authority to manage is/are:	
8. The name, title or cap Title or Capacity:	(Repistered agent)  (Application of the person of the pers	signature) as/have authority to manage is/are:	
8. The name, title or cap Title or Capacity: Manager	(Repistered agent, (Repistered agent) (Repistered a	signature) as/have authority to manage is/are:	
8. The name, title or cap Title or Capacity: Manager  (Use attachments if nece	(Reprised agent,  (Reprised agent)  (Reprised ag	as/have authority to manage is/are; Title or Capacity;	Name and Address:
8. The name, title or cap Title or Capacity: Manager  (Use attachments if nece	(Reprisered agent, (Reprisered agent) (Agent) (Parles Anderson (1700 if University Drive, Susta 302 (Coral Springs, Florida 33071  SSSARY) (Softwhich it is organized. (If the certifical	as/have authority to manage is/are:  Title or Canacity:	Name and Address:
8. The name, title or cap Title or Capacity: Manager  (Use attachments if nece 9. Attached is a certificate jurisdiction under the law	(Repsiered agent, (Repsiered agent) (Such agent) (Port University Drive, Such agent) (Such ag	as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official hat te is in a foreign language, a translate	Name and Address:
8. The name, title or cap Title or Capacity: Manager  (Use attachments if nece 9. Attached is a certificate jurisdiction under the law	(Reprisered agent, (Reprisered agent) (Agent) (Parles Anderson (1700 if University Drive, Susta 302 (Coral Springs, Florida 33071  SSSARY) (Softwhich it is organized. (If the certifical	as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official hat te is in a foreign language, a translate	Name and Address:
8. The name, title or cap  Title or Capacity:  Manager  (Use attachments if nece  9. Attached is a certificate jurisdiction under the law of the translator must be a	cuted in accordance with section 605,020	duly authenticated by the official hate is in a foreign language, a translate of an authorized person  13 (1) (b), Florida Statutes, I am awa third degree felony as provided for in	Name and Address:  aving custody of records in the ion of the certificate under oath
8. The name, title or cap  Title or Capacity:  Manager  (Use attachments if nece  9. Attached is a certificate jurisdiction under the law of the translator must be a	Charles Anderson  1700 H University Drive, Soita 322  Goral Springs, Florida 33071  Search which it is organized. (If the certifica submitted)  Signature couted in accordance with section 605,020	duly authenticated by the official hate is in a foreign language, a translate of an authorized person  13 (1) (b), Florida Statutes, I am awa third degree felony as provided for in	Name and Address:  aving custody of records in the ion of the certificate under oath

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ASHER WORLDWIDE 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 THIRTIETH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASHER WORLDWIDE LLC" WAS FORMED ON THE NINTH DAY OF MAY, A.D. 2017.

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

Authentication: 202619028

Date: 05-30-17

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