## M17000005830

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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SECKETARY OF STATE
ARYSEE FLORIDA

J. HARRIS

## **COVER LETTER**

TO:

Registration Section

Division of	Corporations
SUBJECT:	Judah'S LION LLC  Name of Limited Liability Company
	cation by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all corr	respondence concerning this matter to the following:
	Ava Williams Name of Person
	Judah's L107 LLC Firm/Company
_	P. O. Box 245854
	Pembroke Pines FL 33024 City/State and Zip Code
	Drofiqure 117@ gmail. com E-mail address: (to be used for future armual report notification)
For further informat	ion concerning this matter, please call:
	Ava Williams at 954 552 9049  Name of Contact Person Area Code Daytime Telephone Number
Division of Registratio P.O. Box 6	
Enclosed is a check	for the following amount:  Filing Fee \$\mathbb{I}\\$130.00 Filing Fee & \$\mathbb{I}\\$155.00 Filing Fee & \$\mathbb{I}\\$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy



June 21, 2017

AVA WILLIAMS P.O. BOX 245854 PEMBROKE PINES, FL 33024

SUBJECT: JUDAH'S LION, LLC Ref. Number: W17000051500 TALLAHASSTE FLORIO

We have received your document for JUDAH'S LION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00012609

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## 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:	Y
1	
(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. Nevada 3. 81-5469995	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. Upon Acceptance (Date first transacted business in filorida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
10501 Comulall Allegia	
5. 10521 Cogswell Averius	
Street Address of Principal Office)	
6. P.O. BOX 245854	
Pembroke Pines FL 33024 FG = n	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Ava Williams To 3 To	
Office Address: 3/95 Fox croft Rd F102	
Hiramar FL , Florida 33025	
(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	e
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent.	nd
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  AVA Williams / Portrer	
P.O. Box 245854	
Pembroke Pines FL33024	
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)	
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.	
Ava Williams	
Typed or printed name of signee	

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **JUDAH'S LION**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 15, 2017, and is in good standing in this state.

SEAL OF THE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 12, 2017.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20170612-0817
You may verify this electronic certificate
online at http://www.nvsos.gov/