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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
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July 10, 2017

ELIZABETH ROBERTS 3648 FRENTRESS DR. LAKELAND, FL 33812

SUBJECT: ORANGE PALM ASSET MANAGEMENT, LLC

Ref. Number: W17000056255

We have received your document for ORANGE PALM ASSET MANAGEMENT, LLC and your check(s) totaling \$125.00. 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.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 817A00013776

RECEIVET 2017 JULET PRIB: 60 Secretary of Band. Tallahassee, florio. 17 JUL 21 FH 2:00

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Or	ange Palm As	set Management, LLC				
			imited Liability (Сотралу		
Existence, and che	ck are submitted	eign Limited Liability Compa I to register the above referen- oncerning this matter to the fo	nced foreign limit	ition to Tra ted liability	unsact Business in Florida, y company to transact busin	Certificate of tess in Florida
	Elizabeth Ro	phorte				
-	Liizabetii ixt		me of Person			
		Fin	m/Company	·-·-	·· ·· <u></u> ··	
	2012 5		nveompany			
	3648 Frentre	ess Ur.	Address		·	
-	Lakeland, Fl					
	h h 4 - 0.4 c		ite and Zip Code			
-	DerobertsU4(Dhotmail.com E-mail address: (to be used	for future annual	Ireport not	(fication)	
For further informa	ation concerning	this matter, please call:	ioi idiae amuui	;	incanon,	
Chante	I Lofthouse	Contact Person	at (800	<u> 375-24</u>		
	Name of	Contact reison	Area Code	Day	time Telephone Number	
Division o Registrati P.O. Box Tallahasso	ee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301	17
Enclosed is a check	c for the follows O Filing Fee	•	□ \$155.00 Filin	ıg Fee &	□ \$160.00 Filing Fee, Co	ertificate —
φα ψιέυ.U	, mig i w	Certificate of Status	Certified Copy	ng i ee ox	of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Member Elizabeth Roberts 3648 Frentress Dr. Lakeland_FL 33812		Limited Liability Company: must include "Liu		
Character to mode the law of which faregon limited habiting conquents is repaired. (Date their transacted homers in Planta, it print to repetitable) (State Address of Planta transacted homers in Planta, it print to repetitable) (State Address of Planta transacted homers in Planta, it print to repetitable) (State Address of Planta transacted homers in Planta, it print to repetitable) (State Address of Planta transacted agent; (P.O. Box NOT acceptable) Name: Elizabeth Roberts Office Address: 3648 Frentress Dr. Lakeland Florida 33812 (Crys) Florida 33812 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at testignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If it comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family 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: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address Dr. Lakeland, Fl. 33812 Member William Roberts, Jr. 3648 Frentress Dr. Lakeland, Fl. 33812 (Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recornisication under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted)	If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Plonda. The alternate name must include "Limite	ed Liability Company," "E.I. C," or "LLC,")
(the first immanded bytes in Florida, I from to regionation) (See reclaim Act 1980) & Act 1980, F.S. indercome growth, labeling Since Address of Frincipal (Olike) Lakeland, FL 33812 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Name: Elizabeth Roberts Office Address: 3648 Frentress Dr. Lakeland Florida 33812 (Cog)	4-		3.	
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10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false inform submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	8. The name, title or caparatile or Capacity: Member Member (Use attachments if neces or Attached is a certificate for index the law).	Elizabeth Roberts 3648 Frentress Dr. Lakeland, FL 33812 William Roberts, Jr. 3648 Frentress Dr. Lakeland, FL 33812 Sary) of existence, no more than 90 days of of which it is organized. (If the certification)	has/have authority to manage is/a Title or Capacity: Id, duly authenticated by the official cate is in a foreign language, a train	nal having custody of records in the restation of the certificate under oat

Typed or printed name of signer



Alaska Entity #10053760

State of Alaska Department of Commerce, Community, and Economic Development

Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Orange Palm Asset Management, LLC

This entity was formed on March 14, 2017 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective May 25, 2017.

Chris Hladick Commissioner

Ch Halix