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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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J-1/3/17

COVER*LETTER

то:

Registration Section
Division of Corporations

SUBJECT:		Cerulean S	ol Retreats, LLC	
		Name of I	Limited Liability Company	
The enclosed "Ap Existence, and ch	oplication by For eck are submitte	eign Limited Liability Comp d to register the above refere	pany for Authorization to Tenced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida.
Please return all	correspondence o	concerning this matter to the	following:	
		Da	avid Werner	
		N:	ame of Person	
		Cerulean	Sol Retreats, LLC	
		Fi	rm/Company	
		177	72 Higgins Ave.	
			Address	
		Santa	Clara, CA 95051	
		City/S	tate and Zip Code	
			dtanisha@gmail.com	
•		E-mail address: (to be used	d for future annual report no	otification)
For further inform	nation concernin	g this matter, please call:		
	David W	/erner	_at (408) 390-	7913
	Name o	f Contact Person		ytime Telephone Number
Division Registra P.O. Bo	NG ADDRESS: n of Corporations tion Section x 6327 ssee, FL 32314		Division Registra Clifton 2661 E:	T ADDRESS: n of Corporations ntion Section Building recutive Center Circle ssee, FL 32301
Enclosed is a che ☐ \$125	ck for the follow .00 Filing Fee	ring amount: \$\Begin{align*} \Begin{align*} \Begin{align*} \Begin{align*} \Left* & \text{Certificate of Status} \end{align*}	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPTANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting but			LYNC
State of California Secre				
(Jurisdiction under the law of wh	high foreign limited liability company is organi	Jured) 3.	mun EFI)	ber, il applicable)
	(Date first transacted business in Florida (See sections 605 0004 & 605 0005, E.)	a, if prior to registration S, to determine penalty I) iability)	
1772 Higgins Ave.		6.	1772 Higgins Ave.	
(Street Address of F Santa Clara, CA 95051			(Mailing Add Santa Clara, CA 95051	dress)
Name and street address	ss of Florida registered agent: (I	P.O. Box <u>NOT</u> a	cceptable)	FIL ECKETAR LLAHASS
Name:	Robert P. Bagdon	<u> </u>		SSET -
Office Address:	2 Armand Beach Drive, Ste 1/2	A		## # D
	Palm Coast		, Florida	9: 1: ORIO
	(City)	;	(Zip cox	de) A G
signated in this applica comply with the provisi	tion, I hereby accept the appoint ions of all statutes relative to the s of my position as registered as	ntment as registe e prope <mark>rj</mark> and coi	red agent and agree to act	t in this capacity. I further ag
signated in this applica comply with the provisi	tion, I hereby accept the appoint ions of all statutes relative to the s of my position as fegistered a	ntment as registe e proper and con gont.	red agent and agree to act	t in this capacity. I further ag
signated in this applica comply with the provisi ad accept the obligation:	tion, I hereby accept the appoint ions of all statutes relative to the s of my position as fegistered a (Registe	ntment as registe e proper and con gunt. ered agent's signature)	red agent and agree to act implete performance of my	t in this capacity. I further ag
signated in this applica comply with the provisi ad accept the obligation: The name, title or capa	tion, I hereby accept the appoint ions of all statutes relative to the sof my position as fegistered at (Registered and address of the person(s	ntment as registere proper and continued agent's signature)	ered agent and agree to act implete performance of my authority to manage is/are:	t in this capacity. I further ag duties, and I am familiar with
signated in this applica comply with the provisi id accept the obligation:	tion, I hereby accept the appoint ions of all statutes relative to the s of my position as fegistered a (Registe	e proper and conguer. ered agent's signature) s) who has/have a	red agent and agree to act implete performance of my	
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signated in this applicate comply with the provisional accept the obligations. The name, title or capa Title or Capacity: Owner Use attachments if neces Attached is a certificate risdiction under the law the translator must be sufficient to the complete of the comple	Register and address of the person(s Name and Address: David Werner 1772 Higgins Ave. Santa Clara, CA 9505 (sary) of existence, no more than 90 d of which it is organized. (If the oubmitted)	atment as registere proper and considered agent's signature) s) who has/have a Tile Or	mplete performance of my authority to manage is/are: the or Capacity: wner henticated by the official har foreign language, a translate	Name and Address: Tanisha Werner T772 Higgins Ave. Santa Clara, CA 95051 aving custody of records in the tion of the certificate under oat
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The name, title or capa Title or Capacity: Owner Use attachments if neces Attached is a certificate risdiction under the law the translator must be step. This document is exected.	rion, I hereby accept the appoint ions of all statutes relative to the statutes relative to the statutes of my position as registered as acity and address of the person(s Name and Address: David Werner 1772 Higgins Ave. Santa Clara, CA 9505 essary) of existence, no more than 90 do of which it is organized. (If the submitted) cuted in accordance with section and the section of the section	atment as registere proper and consont. ered agent's signature) s) who has/have a registere agent's signature. Ordered agent's signature. Alays old, duly autocertificate is in a registere agent	authority to manage is/are: the or Capacity: wner henticated by the official ha foreign language, a translat	Name and Address: Tanisha Werner T772 Higgins Ave. Santa Clara, CA 95051 aving custody of records in the tion of the certificate under oare that any false information

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: CERULEAN SOL RETREATS, LLC

FILE NUMBER: FORMATION DATE:

201717010209 06/12/2017

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 3, 2017.

ALEX PADILLA Secretary of State