

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000218381 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (800)345-4647 Phone : (800)432-3622 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## Foreign Limited Liability Company SOUTHWEST LITHO II, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

K SALY

AUG 1 7 2017

8/16/2017

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Southwest Litho II, LLC	ain .
Name of	Limited Liability Company
	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the	e following:
Daniel Conley	
	lame of Person
Capitol Services - Corporate Filings	Team
F	irm/Company
206 E. 9th St., Ste. 1300	
	Áddress
Austin TX 78701	
City/s	State and Zip Code
ap@northemiltho.com	ed for future annual report notification)
,	of for future annual report doubleastion)
For further information concerning this matter, please call:	₹.
Daniel Conley	at (800) 345-4647
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section
P.O. Box 6327 Talluhassee, FL 32314	Clifton Building 2661 Executive Conter Circle Tallahassee, PL 32301
Enclosed is a check for the following amount:  S125.00 Filing Fee \$ Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certified Copy 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:

SOUTHWARE LETTO U. E. C.

sec unavallable, sonar abstrato i	name adopted for the purpose of transacting business in Flo	rids. The alterests passe must include "Lamited	Lishbity Company," "L.L.C." to "LLC
Delaware		3. 82-0983562	
(Junediction under the law of w	nich foreign lieuted liability company is organized)		uribur, if applicable)
			, Ste 103
	(Date first transacted business in Florida, if prior to (See auxieus 605 0904 & 605,0905, F.S. to determine	itantistan)	<u></u>
0040 Standa Ct-11 4			
9010 Strada Stell (		6. 9010 Strada Stell Ct.	, Ste 103 <u>泛</u> 谷
Naples FL 34109		Naples FL 34109	υ
<del></del>			<del>``</del>
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
		T.E.L.	
Name:	Northern Litho Inc	<del></del>	
Office Address:	9010 Strada Stell Ct, Ste 103		
	Naples		
	(City)	, Florida 34109	
comply with the provisi	ions of all statutes relative to the proper of my position gar registered agent.	Daniei C	ny duties, and I am familia onley, President on be
comply with the provided accept the obligation.  The name, title or caps  Title or Capscity:	ions of all statutes relative to the proper of my position greegistered agent.  (Registrated agent's secity and address of the person(s) who had not and Address:	Daniei C of Northe	ny duties, and I am familio, onley, President on be sm Litho, Inc.
comply with the provided accept the obligation.  The name, title or caps	ions of all statutes relative to the proper of my position arregistered agent.  (Registered agent's incity and address of the person(s) who has a Name and Address:  Daniel Conley	Daniel C of Northe shave authority to manage is/are: Title or Capacity:	ny duties, and I am familio. onley, President on be em Litho, Inc.
The name, title or caps  Title or Capscity:	ions of all statutes relative to the proper of my position greegistered agent.  (Registral agent's interest and address of the person(s) who has been and Address:  Daniel Conley  9010 Strada Stell Ct., Ste 103	Daniel C of Northe shave authority to manage is/are: Title or Capacity:	ny duties, and I am familio. onley, President on be em Litho, Inc.
The name, title or caps  Title or Canscity:	ions of all statutes relative to the proper of my position arregistered agent.  (Registered agent's incity and address of the person(s) who has a Name and Address:  Daniel Conley	Daniel C of Northe shave authority to manage is/are: Title or Capacity:	ny duties, and I am familio. onley, President on be em Litho, Inc.
The name, title or caps  Title or Capscity:	ions of all statutes relative to the proper of my position greegistered agent.  (Registral agent's interest and address of the person(s) who has been and Address:  Daniel Conley  9010 Strada Stell Ct., Ste 103	and complete performance of m  Daniel C  of Northe  ignorate)  s/have authority to manage is/are:  Title or Capacity:	ny duties, and I am familio. onley, President on be em Litho, Inc.
comply with the provided accept the obligation.  The name, title or caps  Title or Capscity:	ions of all statutes relative to the proper of my position greegistered agent.  (Registral agent's interest and address of the person(s) who has been and Address:  Daniel Conley  9010 Strada Stell Ct., Ste 103	Daniel C of Northe shave authority to manage is/are: Title or Capacity:	ny duties, and I am familio. onley, President on be em Litho, Inc.
comply with the provided accept the obligation.  The name, title or caps  Title or Capacity;  Managing Partner	cons of all statutes relative to the proper of my position greegistered agent.  (Registrond agent's incity and address of the person(s) who has been address.  Daniel Conley  9010 Strada Stell Ct, Ste 103  Naples FL 34109	and complete performance of m  Daniel C  of Northe  ignorate)  s/have authority to manage is/are:  Title or Capacity:	ny duties, and I am familio. onley, President on be em Litho, Inc.
The name, title or cape Title or Capacity: Managing Partner	(Registrate agent.  (Registrate agent.  (Registrate agent.)  (Registrate	And complete performance of m  Daniel C  of Norther  Shave authority to manage is/are:  Title or Capacky:	ny duties, and I am familia.  onley, President on be em Litho, Inc.  : Name and Address:
The name, title or caps Title or Capscity: Managing Partner	cons of all statutes relative to the proper of my position arregistered agent.  (Registral agent's incity and address of the person(s) who has name and Address:  Daniel Conley  9010 Strada Stell Ct, Ste 103  Naples FL 34109  stary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	Daniel C Of Norther  shave authority to manage is/are:  Title or Capacity:  Suly authenticated by the official is in a foreign language, a transit	ny duties, and I am familia onley, President on be em Litho, Inc. : Name and Address:
The name, title or caps Title or Capscity: Managing Partner  se attachments if necess Attached is a certificate isdiction under the law of	cons of all statutes relative to the proper of my position arregistered agent.  (Registral agent's incity and address of the person(s) who has name and Address:  Daniel Conley  9010 Strada Stell Ct, Ste 103  Naples FL 34109  stary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	and complete performance of m  Daniel C  of Norther  shave authority to manage is/are:  Title or Capacity:	ny duties, and I am familia onley, President on be em Litho, Inc.  Name and Address:
The name, title or cape Title or Capacity: Managing Partner  See attachments if necess Attached is a certificate isdiction under the law of the translator must be sufficient to the second comment is executive.	icity and address of the person(s) who has Name and Address:  Daniel Conley  9010 Strada Stell Ct, Ste 103  Naples FL 34109  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	and complete performance of m  Daniel C  of Norther  Appearer)  Shave authority to manage is/are:  Title or Capacity:  Authority authenticated by the official is in a foreign language, a transition of mouthonized press.  (1) (b) Florida Statutes, I am aux	ny duties, and I am familia onley, President on be em Litho, Inc.  Name and Address:  having custody of records is ation of the certificate under
The name, title or cape Title or Capacity: Managing Partner  See attachments if necess Attached is a certificate isdiction under the law of the translator must be sufficient to the second comment is executive.	cons of all statutes relative to the proper of my position arregistered agent.  (Registral agent's incity and address of the person(s) who has name and Address:  Daniel Conley  9010 Strada Stell Ct, Ste 103  Naples FL 34109  stary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	and complete performance of m  Daniel C  of Norther  Appearer)  Shave authority to manage is/are:  Title or Capacity:  Authority authenticated by the official is in a foreign language, a transition of mouthonized press.  (1) (b) Florida Statutes, I am aux	ny duties, and I am familia onley, President on be em Litho, Inc.  Name and Address:  Name and Address:

Typod or printed name of rigner



Page 1

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

DELAWARE, DO HERBY CERTIFY "SOUTHWEST LITHO II 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 SIXTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHWEST LITHO II LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2017.

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

2011 AUG 16 AM II: 02
SECRETARISE OF STORIGH

6363578 8300 SR# 20175752176

You may verify this certificate online at corp. delaware.gov/authver.shtml

MSW.

Authentication: 203069023

Date: 08-16-17