## M17000007067

(Requestor's Name)
(requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
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April 26, 2017

SANDRA INTERIANO DELTAWRX LLC 21700 OXNARD STREET STE 530 WOODLAND HILLS, CA 91367

SUBJECT: DELTAWRX LLC Ref. Number: W17000035881

We have received your document for DELTAWRX 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.

Shelia H Young Regulatory Specialist II

Letter Number: 217A00008115

SECKETARY DE STALL

## COVER LETTER

TO:		tration Section ion of Corporatio	ns						
SUBJE		DELTAWRX LLC							
	_		Name of	Limited Liability (	Company				
			reign Limited Liability Com ed to register the above refer						
Please	return a	ll correspondence	concerning this matter to the	e following:					
		Sandra Interiai	10						
			٨	Name of Person					
		DELTAWRX	LLC						
			j:	Firm/Company					
		21700 Oxnard	Street, Suite 530						
	Address							2	
		Woodland Hil	ls, CA 91367				ALLAHA		-ILEU
			City/S	State and Zip Code			SSE	5	m
		sinteriano@delt						U	
For fur	ther info	ormation concernir	E-mail address: (to be use ng this matter, please call:	ed for future annual	report not	ification)	ORIDA	F U = 1-1	
	Sandra Interiano			818 at (	227-93(				
		Name	of Contact Person	Area Code	Day	time Telephon	e 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 Tallahassee, FL 32301					
Enclose		check for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 F of Status & C			te

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

IN COMPLEANCE WITH SECTION WAS USED FLORID ESERTIVES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED IJ IBILITY COMPLEY TO THE INSIGER USING SECTION OF STATE OF FLORID E

DEL FAWRX LLC	STATE STATE OF LEGICIET				
1	agn Limited Erability Company mas	t include "Lumted Liab	othry Company. I. I. C. or	TLLC "1	
			,		
Office that the control of the Company of the Compa	ternate name adopted for the purpose	of transacting busines	s in Florida. The alternate nam	e must include "Limite	년
, California	or cr.v. i	. 95-4818953			
(Jurisdiction under the law	· · · · · · · · · · · · · · · · · · ·				
company is organized) . None					
1 1000	(Date first transacted busine	ss in Florida, if prior to	registration,)	•	
5 21700 Oxnard Street 5	(See sections 605 0904 & 605). Suite 530	1905, F.S. to determine	; penany dapility)	_	
Woodland Hills, CAY	1367				
	(Sucer Address of f	nneipal Office)		· 전. 검	
6 21700 Oxnard Street, S	inite 530			2017 AUG	T
Woodland Hills, CA 9	1367			HE IS	
	(Marang	Address)		SS To	} ******
7. Name and street address	s of Florida registered agent (P	O Box NOT accept	able)	E C	111
Name	InCorp Services, Inc				O
Office Address	17888 67th Court North		-	W. 14 STATE CORNO	
	Loxahatchee		- Cr 33470	7"	
	(Cny)		Florida 33470 (Zip code)	-	
designated in this applica to complywith the provisi	giviered ugent and to accept very tion, I hereby useem the appoint any of all stading relative in the my position in registered agent.	ment as registered a proper and complete	gent and agree to act in thi	is cupacity. I further , and I am familiar v	agree
8. The name title or cap:	icity and address of the person(s)	• •	ny to manage is are		
Michael P. Thayer - Partn	er				
Brian Hudson - Partner					
nirisdiction under the law of the translator must be st	Signature	ertificate is in a forcig	in language, a translation of	the certificate under	the oath
This document is executed submitted in a document to	I in accordance with section 605-0 the Department of State constitu	203 (1) (b). Florida S	Statutes. I am aware that any	false information 155, F.S.	

fyped or printed name of signee

Sandra Interiano

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: DELTAWRY LLC

FILE NUMBER:

FORMATION DATE:

200018910054 07/05/2000

TURNALLON DATE

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 August 11, 2017.

ALEX PADILLA Secretary of State