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S. WARREN AUG 2 8 2017

COVER LETTER				
TO: Registration Section Division of Corporation	s			
SUBJECT: DIAME	T COIL CPA	PLLC.		
The enclosed "Application by Fore Existence, and check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorization to Tra	nsact Business in Florida," Certificate of company to transact business in Florida.	
Please return all correspondence c	oncerning this matter to the	following:		
<u>D</u> _1	one TColl	ame of Person		
	Diane TCOI	M. C.J.A. PLLO		
10092 Amolia Aue				
Englew 71 34,224 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning	g this matter, please call:			
<u>Diane</u> (To LL f Contact Person	at (2-0130 (Cell)	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclosed is a check for the follow Ø \$125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$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

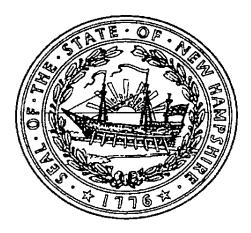
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	R A FOREIGN TIMITED HABILITY
Diane T and CDA DILL LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL.C.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liah	ility Company," "L.L.C," or "LLC,")
2. (Jurisdiction under the law of which foreign lumited hability company is organized) 3. 40-1000 (FEI numb	1318 er, if applicable)
4. (Date first transacted business in Florida, if prior to registration.)	
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 5 10092 AMO 1100 A110 6, 10092 AMO	lia Ave
Phylenxxxl 7 34224 Englenxxel	71 独224
	99 - 7
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: Name Coll	21. 2. 21. 2.
Office Address: 10093 AMOLIA AVE	
Englewood 70 . Florida .420 (Zip cod	<u> </u>
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited designated in this application, I hereby accept the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent. (Registered agent's signature)	in this capacity. I further agree
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	No. of Addisons
Title or Capacity: Name and Address: Title or Capacity: MA A MARCO CO TO TO TO TO TO THE PROPERTY OF THE PROP	Name and Address:
Englewara 11 34234	
(Use attachments if necessary)	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official has jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translat of the translator must be submitted)	aving custody of records in the ion of the certificate under oath
10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am awas submitted in a document to the Department of State constitutes a third degree felony as provided for in	re that any false information s.817,155, F.S.
Diane TCOLL	
Typed or printed name of signee	

State of New Hampshire Department of State

CERTIFICATE

I, William M, Gardner, Secretary of State of the State of New Hampshire, do hereby certify that DIANE T COLL, CPA, PLLC is a New Hampshire Professional Limited Liability Company registered to transact business in New Hampshire on August 13, 2013. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 696089



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 7th day of August A.D. 2017.

William M. Gardner Secretary of State