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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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August 17, 2017

LEMUEL ANAEJIONU 1801 E 51ST STREET, SUITE 365-404 AUSTIN, TX 78723 US

SUBJECT: RELIABLE LEADS, LLC Ref. Number: W17000067840

We have received your document for RELIABLE LEADS, 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):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 254-6051.

Letter Number: 317A00016911

Judy A Leggett
Regulatory Specialist II
Registration Section

www.sunbiz.org

## COVER LETTER

4

TO:	Registration Section Division of Corporations
CHRI	Reliable Leads, LLC
SUBJ	Name of Limited Liability Company
The er Existe	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter to the following:
	Lemuel Anaejionu
	Name of Person
	Anaejionu + Kuhr// Attorneys At Law
	Firm/Company
	1801 E 51st Street, Suite 365-404
	Address
	Austin, TX 78723
	City/State and Zip Code
	lem@ak.legal
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Lemuel Anaejionu 512 632-5300
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclo	ed is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status 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:

Name: Jessica Catherine Lewis  Office Address: 1559 Sandalwood Dr.  Dunedin  (City)  (	ume unavailable, enter alternate	name adopted for the purpose of transacting busines	ss m Florida. The alte	mate name must include "Limited Lia	bility Company," "L.L.C," or "LLC."
(Date first transacted bischess in Florida, if prior to registration.)  (See sections 605 0904 & 605 0903, F.S. to determine penalty liability)  1559 Sandalwood Dr.  (Street Address of Principal Office)  Dunedin, FL 34698  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Jessica Catherine Lewis  Office Address:  Dunedin  See See See See See See See See See Se	Delaware		3	36-4871662	Warehankla)
1559 Sandalwood Dr.	(Jurisdiction under the law of	which foreign limited liability company is organized)	1	(FEI num	ест, и аррисавіе)
1559 Sandalwood Dr.		(Date first transacted husawas in Florida if	poor to registration )		*
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   Name:   Jessica Catherine Lewis   Jessi					
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Jessica Catherine Lewis  Office Address: 1559 Sandalwood Dr.  Dunedin  Florida 34698  Pagistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent's signature)  The name, title or capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  Dunedin, FL 34698	1559 Sandalwood Dr	(Personal (Missa)	6		maki
Name: Jessica Catherine Lewis  Office Address: 1559 Sandalwood Dr.  Dunedin  (City)  (			1 -		
Name: Jessica Catherine Lewis  Office Address: 1559 Sandalwood Dr.  Dunedin  (City)  (			-		17 SE SE
Office Address:    1559 Sandalwood Dr.   Dunedin   Florida 34698   Office Address:   1559 Sandalwood Dr.   Dunedin   Florida 34698   Office Address:   Offic	Name and street addre	ess of Florida registered agent: (P.O	). Box <u>NOT</u> ac	eceptable)	N RE
Office Address: 1559 Sandalwood Dr.  Dunedin  (City)	Name:	Jessica Catherine Lewis			28 SVI
Dunedin  (City)  (City	Office Address:	1559 Sandalwood Dr.			The state of the s
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registered agent's acceptance:  Inving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar duccept the obligations of my position as registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Managing Member  Jessica Catherine Lewis  1559 Sandalwood Dr  Dunedin, FL 34698		Dancain		. 1 1011da <u>0 7 0 0 0 _</u>	
Title or Capacity:  Managing Member  Jessica Catherine Lewis  1559 Sándalwood Dr  Dunedin, FL 34698	iving been named as a signated in this applic comply with the provi	ptance: registered agent and to accept servic ation, I hereby accept the appointm sions of all statutes relative to the p	ce of process for nent as register proper and com	or the above stated limited ed agent and agree to act	I liability company at the in this capacity. I furthe
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Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records insidiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)	aving been named as a signated in this application of accept the obligation.  The name, title or cate of a signature of a sign	ptance: registered agent and to accept service ration. I hereby accept the appointment is ions of all statutes relative to the pens of my position as registered agent in a service of my position as registered agent in a se	ce of process for the state of	or the above stated limited red agent and agree to act uplete performance of my uthority to manage is/are: le or Capacity:	I liability company at the in this capacity. I furthe duties, and I am familiar  Name and Address:
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Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "RELIABLE LEADS, 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 TENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELIABLE LEADS,

LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2017.

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

Authentication: 203039124

Date: 08-10-17