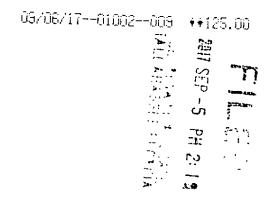
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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL.
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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SEP ON ART IS

COVER LETTER

TO: .	Registration Section Division of Corporation	18			
	LAMBIE DDODLIG	OTIONIC R LOCICTICS AL	^		
SUBJE	CT: LAMBIE PRODUC	TIONS & LOGISTICS, LL	imited Liability C	ompany	
		Name of L	milico Liability C	zoni pany	
The ene	closed "Application by For ice, and check are submitte	eign Limited Liability Compa d to register the above referen	any for Authorizat need foreign limit	tion to Tra ed liability	nsact Business in Florida," Certificate of company to transact business in Florida
Please	return all correspondence o	concerning this matter to the f	ollowing:		
	MICHAEL L	AMBIE			
		Na	me of Person		
	LAMBIE PR	RODUCTIONS & LOG	ISTICS, LLC		
		Fir	m/Company		
	44400 \&// IE				
	11102 000	RDERMANNS WY	Address		
			Address		
	ORLANDO, F	L 32825			
		City/St	ate and Zip Code		
	MLAMBIE327@	GMAIL.COM			
		E-mail address: (to be used	for future annual	report not	fication)
For fur	ther information concerning	g this matter, please call:			
	MICHAEL LAMBIE		_at (407	865-0 ر	
	Name o	of Contact Person	Area Code	Day	time Telephone Number
	MAILING ADDRESS: Division of Corporations				ADDRESS: of Corporations
	Registration Section P.O. Box 6327			Registrati Clifton B	on Section
	Tallahassee, FL 32314				cutive Center Circle
				Tallahass	ce, FL 32301
Enclos	ed is a check for the follow	ing amount:			
	☑ \$125,00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPHANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE POLIDWING IS SUBMITTED TO REGISTER A PORFICE LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter a Liability Company," "L.L.C	alternate name adopted for the purpose of transa	cting business in Florida. The alternate nar	ne must inc	elude "L	imited
NEVADA	3.				
	v of which foreign limited liability	(FEI number, if applicable)		_
l	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S	ida, if prior to registration.) . to determine penalty liability)	_		
5. 11102 WURDERMA	ANNS WY, ORLANDO, FL 32825		_		
	(Street Address of Principal C	Office)		<u>~</u> 3	
5, <u>11102 WURDERMA</u>	NNS WY, ORLANDO, FL 32825	· · · · · · · · · · · · · · · · · · ·	- []	8 118	amenas Li
	(Mailing Address)		ا المرابع المرابع –	£b -	TERRORAN TERRORAN
	` •		<u> </u>	S	i
. Name and street addre	ess of Florida registered agent: (P.O. Box]	NOT acceptable)	-+: ["]	===	T
			-	~ `	•
Name:	Registered Agents Inc.			$\ddot{\wp}$	
Name: Office Address:	Registered Agents Inc. 3030 N. Rocky Point Dr. STE 1	150A	<u></u>	2:	
		150A , Florida 33607 (Zip code)		_	
Office Address: Registered agent's acce Having been named as r lesignated in this applica to complywith the provis	3030 N. Rocky Point Dr. STE 1 Tampa (City)	, Florida 33607 (Zip code) ocess for the above stated limited liabiregistered agent and agree to act in th	is capacit	any at i	ther ag
Office Address: Registered agent's acce Having been named as r lesignated in this applica to complywith the provis	3030 N. Rocky Point Dr. STE 1 Tampa (City) ptance: egistered agent and to accept service of pration, I hereby accept the appointment as a cions of all statutes relative to the proper as my position as registered agent.	, Florida 33607 (Zip code) ocess for the above stated limited liable registered agent and agree to act in the nd complete performance of my duties	is capacit	any at i	ther ag
Office Address: Registered agent's acce Having been named as r lesignated in this applica to complywith the provis	3030 N. Rocky Point Dr. STE 1 Tampa (City) ptance: egistered agent and to accept service of pration, I hereby accept the appointment as a cions of all statutes relative to the proper accept to th	, Florida 33607 (Zip code) ocess for the above stated limited liable registered agent and agree to act in the nd complete performance of my duties	is capacit	any at i	ther ag
Office Address: Registered agent's accellaving been named as relesignated in this application complywith the provisuccept the obligations of	3030 N. Rocky Point Dr. STE 1 Tampa (City) ptance: egistered agent and to accept service of pration, I hereby accept the appointment as a cions of all statutes relative to the proper as my position as registered agent.	, Florida 33607 (Zip code) rocess for the above stated limited liaboregistered agent and agree to act in the complete performance of my duties is signature)	is capacit	any at i	ther ag
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Office Address: Registered agent's accellating been named as relesignated in this application complywith the provisuccept the obligations of	3030 N. Rocky Point Dr. STE 1 Tampa (City) ptance: egistered agent and to accept service of pration, I hereby accept the appointment as a ions of all statutes relative to the proper at my position as registered agent. (Registered agent accept and address of the person(s) who has	, Florida 33607 (Zip code) rocess for the above stated limited liable registered agent and agree to act in the advantage of my duties as signature) (It is signature)	is capacit s, and I ar	any at i	ther ag
Office Address: Registered agent's acceptaving been named as relessing ated in this application complywith the provisuscept the obligations of the NICHAEL LAMBIE	3030 N. Rocky Point Dr. STE 1 Tampa (City) ptance: egistered agent and to accept service of pration, I hereby accept the appointment as a ions of all statutes relative to the proper at my position as registered agent. (Registered agent accity and address of the person(s) who has making the proper and the proper accity and address of the person(s) who has making the proper accity and address of the person(s) who has making the proper accity and address of the person(s) who has making the proper accity and address of the person(s) who has making the proper accity and address of the person(s) who has making the proper accity and address of the person(s) who has making the proper accity and address of the person (s) who has making the proper accity and address of the person (s) who has making the proper accity and address of the person (s) who has making the proper accity and address of the person (s) who has making the proper accity and address of the person (s) who has making the proper accity and address of the person (s) who has making the proper accity and address of the person (s) who has making the proper accity and address of the person (s) who has making the proper accity and address of the person (s) who has making the proper accity and address of the person (s) who has making the proper accity and address of the person (s) who has making the proper accity and address of the person (s) who has making the proper accity and the proper accity accity accity and the proper accity ac	Florida 33607 (Zip code) occess for the above stated limited liable registered agent and agree to act in the nd complete performance of my duties is signature) Thave authority to manage is/arc: MANNS WY, ORLANDO, FL 3	is capacit s, and I an	any at any	rther ag ilar with
Office Address: Registered agent's accellaving been named as relesignated in this application complywith the provisuccept the obligations of MICHAEL LAMBIE	Tampa (City) ptance: egistered agent and to accept service of pration, I hereby accept the appointment as a tions of all statutes relative to the proper at my position as registered agent. (Registered agent my position as registered agent my position as registered agent my position as registered agent my position as registere	Florida 33607 (Zip code) ocess for the above stated limited liable registered agent and agree to act in the nd complete performance of my duties (Is signature) MANNS WY, ORLANDO, FL 3 ally authenticated by the official having	is capacit s, and I an	any at any any at any a	ther ag liar with

Typed or printed name of signee

MICHAEL LAMBIE

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LAMBIE PRODUCTIONS & LOGISTICS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 26, 2017, and is in good standing in this state.

OF THE PARTY OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 2, 2017.

Ballara K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170802-0855
You may verify this electronic certificate
online at http://www.nvsos.gov/