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COVER LETTER

TO: Registration Section Division of Corporations

SILVER PEAR, LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, 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:

RENEA M. GLENDINNING, CPA Name of Person KERKERING, BARBERIO & CO. Firm/Company 1990 MAIN STREET, SUITE 801 Address SARASOTA, FL 34236 City/State and Zip Code RGLENDINNING@KBGRP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RENEA M. GLENDINNING 941 365-4617 at (Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: **Division of Corporations Division of Corporations Registration Section Registration Section** P.O. Box 6327 **Clifton Building** Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: * ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

*PER ATTACHED LETTER A CHECK FOR \$70.00 HAS ALREADY BEEN RECEIVED AND A BALANCE OF \$55.00 HAS BEEN INCLUDED WITH PAPERWORK.

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of Status & Certified Copy

Certificate of Status



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2017

RENEA M. GLENDINNING, CPA 1990 MAIN STREET STE 801 SARASOTA, FL 34236

SUBJECT: SILVER PEAR. LLC Ref. Number: W17000061353

We have received your document for SILVER PEAR. LLC and check(s) totaling \$70.00 of which \$70.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$55.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You submitted the wrong type of document, proper forms are enclosed.

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) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 417A00015047

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2017

Δ.

RENEA M. GLENDINNING, CPA 1990 MAIN STREET STE 801 SARASOTA, FL 34236

SUBJECT: SILVER PEAR. LLC Ref. Number: W17000061353

We have received your document for SILVER PEAR. 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):

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 717A00017331

www.sunbiz.org

Division of Comparations DO DOV (2007 Wellshouses Floride 20014)

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

ς.

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

unavailable, enter alternate n	DENTIAL, LLC ume adopted for the purpose of transacting business in Flori	da. The altern	ate name must include "Limite	d Liability Company," "LLC," or "L
OK ISLANDS			8-1366273	
urisdiction under the law of wi	ich foreign limited liability company is organized)	5	(FEI	number, if applicable)
Amonen 14 0014				
DCTOBER 14, 2016	(Date first transacted business in Florida, if prior to n	egistration.)		
	(See sections 605,0904 & 605,0905, F.S. to determin	a benefity into		1.1/48
ATZUKIM STREET	14/48	6. <u>11</u>	ATZUKIM STREET	Address
(Sireet Address of) TADERA 38329, ISR.		H	ADERA 38329, ISR/	AEL
		_		
Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acc	eptable)	Star 27 8
Manage	RENEA M. GLENDINNING			· · · · · ·
Name:				
				5 (, , , , , , , , , , , , ,
Office Address:	1990 MAIN STREET, SUITE 801			
gistered agent's acception of the second sec	SARASOTA (City) otance: egistered agent and to accept service of J	< -001010 1 1	<i>יה הפפרון מחם מצוצ</i> ב וכ	ip code) nited liability company at act in this capacity. I fu
gistered agent's accepting been named as re- rignated in this application of the second secon	SARASOTA (City)	< -001010 1 1	r the above stated lin agent and agree to	ip code) nited liability company at act in this capacity. I fu
gistered agent's acception wing been named as re- ignated in this application comply with the provis	SARASOTA (City) egistered agent and to accept service of p ation, I hereby accept the appointment a ions of all statutes relative to the proper	s registero	r the above stated lin agent and agree to	ip code) nited liability company at act in this capacity. I fu
gistered agent's accepting been named as re- rignated in this appliced comply with the provised accept the obligation	SARASOTA (City) egistered agent and to accept service of p ation, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. Roma Duend	s register and com	r the above stated lin ed agent and agree to plete performance of	ip code) nited liability company at act in this capacity. I fu my duties, and I am fam
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10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

ISHAY GRUSHKA, MANAGER

Typed or printed name of signee

