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| (Re                                     | questor's Name)    |           |  |  |  |
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| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |  |
| (Bu                                     | isiness Entity Nam | e)        |  |  |  |
| (Document Number)                       |                    |           |  |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |  |
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S. WARREN SEP 15 2017

#### COVER LETTER

TO:

Registration Section

| Division of Corporations   |  |
|--|--|
| SUBJECT: Dancing Spirit, LLC Name of Limited Liability Company   |  |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Existence, and check are submitted to register the above referenced foreign limited liability company to trans  | Florida," Certificate of sact business in Florida. |
| Please return all correspondence concerning this matter to the following:  |  |
| Mildher Cruz<br>Name of Person   |  |
| Dancing Spirit LLC   |  |
| 430 & Packwood Ave got 2030  | <u>e</u>   |
| Maitland Fl 3275/<br>Rity/State and Zip Code   | · <del></del>                                      |
| dancing Spirit LLC egmail. Com Egnail address: (to be used for future annual report notification)  |  |
| For further information concerning this matter, please call:   |  |
| Mildred Chuz at (203) 965-113  Name of Contact Person Area Code Daytime Telephone No   | <del></del>  |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircTallahassee, FL 32301 | le   |
| Enclosed is a check for the following amount:  \$\Bigcup \\$125.00 \text{ Filing Fee } \Bigcup \\$130.00 \text{ Filing Fee & Box Certified Copy}  \text{of Status & Certified Copy}  \text{of Status & Certified Copy}   |  |

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

| •   | TON 605.0902, FLORIDA STATUTES, TI<br>SINESS IN THE STATE OF FLORIDA:                             | IE FOLLOWING IS SUE                 | BMITTED TO REGISTE          | R A FOREIGN TIMITED LIABILIT            |
|---|---|-------------------------------------|-----------------------------|---|
| 1. Name of Foreign                                    | Cimited Liability Company; must include "L  | imited Liability Company            | ," "L.L.C.," or "L.L.C.")   |   |
| (If name unavailable, enter alternate na              | me adopted for the purpose of transacting business  | in Florida. The alternate name      | must include "Limited Liabi | lity Company," "L.I.,C," or "LLC.")     |
| 2. State Curpora: (Jurisdiction under the flow of whi | HION 6+ VA  | 3                                   | 5 5353 (FEI number          | 0/2<br>r, if applicable)                |
| 4   | (Date first transacted business in Florida, if pt<br>(See sections 605.0904 & 605.0905, F.S. to d | nor to registration.)               |                             |   |
| · YOUR BY   | (See sections 605,0904 & 605,0905, F.S. to d  |                                     | Lame                        | as Principal                            |
| 3. Street Address of Pr                               | incipal Office)   | 6                                   | (Mailing Addre              | $\frac{\mathcal{L}}{\mathcal{L}}$       |
| <u> 203-e</u><br>M / /-                               | 751 2275  |                                     |                             | UTTICE                                  |
|   | 1, F1 30131   | -                                   |                             |   |
| 7. Name and street address                            | of Florida registered agent: (P.O.  | Box NOT acceptable                  | c)                          | 7 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 |
| Name:   | mildred Chu   | 17.                                 |                             | 全門の中                                    |
| Office Address:                                       | 430 & Anck woo  | d AIR 203                           | -6                          | AAAY<br>LSSS<br>N. I. J.                |
| omee riddress.  | Maitland  | <u> </u>                            | Florida 3279                |   |
| D = 2.4   | (City)  | • '                                 | (Zip code)                  | 1 CS 5                                  |
| Registered agent's accept<br>Having been named as reg | ance:<br>gistered agent and to accept service   | of process for the ac               | bove stated limited l       | liability on party at the place         |
|   | ion. I hereby accept the appointme<br>ons of all statutes relative to the pry                     |                                     |                             |   |
|   | of my position as registered agent.   |                                     | ingormance by my an         | and rum juminal man                     |
|   | Trus Cert   | 7                                   |                             |   |
|   | (Registere Lay  | goft's signature)                   |                             |   |
| 8. The name, title or capac Title or Capacity:        | city and address of the person(s) wh<br><u>Name and Address:</u>                                  | o has/have authority  A Title or Ca | _                           | Name and Address:                       |
| Marcies Mem   | (2.0.14)  | wo Aus                              | ipacity.                    | Trume and Address.                      |
|   | 203.6   | 53.C/                               |                             |   |
| Mildred Ch  | US THULIANUEL 30  | <del>)</del> / <u>S</u> /           |                             |   |
|   |   |                                     |                             |   |
|   |   | <del></del>                         |                             |   |
| (Use attachments if necess                            | агу)  |                                     |                             |   |
|   | of existence, no more than 90 days of which it is organized. (If the certification)               |                                     |                             |   |
|   | the Department of State constitutes   | a third degree felony               | as provided for in s.       |   |
|   | Sign  | rature of an authorized person      |                             |   |
|   | Mildred (   | NUZ                                 |                             |   |

Typed or printed name of signee

# Commondoealth of Hürginia



## State Corporation Commission

#### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That Dancing Spirit, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 5, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

STATE STATE OF STATE

Signed and Sealed at Richmond on this Date: September 5, 2017

Joel H. Peck, Clerk of the Commission

SECOM Sument Control Number: 1709055761