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(Re	equestor's Name)				
(Ad	ldress)				
(Ac	ddress)				
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(LX	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
W17-	-672	-80			

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August 31, 2017

PRITI PATEL 5373 N NOB HILL RD SUNRISE, FL 33351

SUBJECT: SST ENTERPRISES LLC ^

Ref. Number: W17000067280

We have received your document for SST ENTERPRISES LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.." or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The registered agent must sign accepting the designation.

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) 245-6051.

¥asemin Y Sulker Regulatory Specialist II

Letter Number: 817A00016776

www.sunbiz.org

COVER LETTER

TO:		tion Section of Corporations					
CHDIE		ENTERPRISES	LLC				
SUBJECT: Name of Limited Liability Company							
The end Existen	closed "Ap	oplication by Forei eck are submitted	ign Limited Liability Comparto register the above referen	ny for Authorizat ced foreign limite	ion to Trans d liability o	sact Business in Florida," C company to transact busines	ertificate of is in Florida.
Please	return all o	correspondence co	ncerning this matter to the fo	llowing:			
		PRITI PATEL					
			Nan	ne of Person			
	SOFTBOOKS INC						
Firm/Company							
	5373 N NOBHILL RD						
				Address			
	SUNRISE, FL 33351						
			City/Sta	te and Zip Code			
		patel.priti88@gm					
	•		E-mail address: (to be used	for future annual	report notif	ication)	
For fu	rther infor	mation concerning	this matter, please call:				
	PRITI	PATEL		954 at (874-623	0	
Name of Contact Person		Area Code	Daytime Telephone Numbe				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclo		eck for the follow 5.00 Filing Fee	ing amount: \$\Bigsize \\$130.00 \text{Filing Fee & Certificate of Status}\$	S155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer 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 BUS	SINESS IN THE STATE OF FLORIDA:		
SST ENTERPRISES LI	JC	***	
	imited Liability Company; must include "Limit	ted Liability Company, L.L.C., or LLC.)	
SST ENTERPRISES FL L	LC me adopted for the purpose of transacting business in F	lividy. The alternate name must include "Lumited Liab	lity Company," "L.L.C," or "LL.C,")
. 10		RANGE THE ENGINEERING HEAVE TO STATE OF THE	
(Jurisdiction under the law of wh	ch foreign limited liability company is organized)	3. (Fill mumb	er, (f applicable)
4. 08/01/2017	(Date first transacted business in Florida, if prior t	to registration)	
	(See sections 605.0904 & 605 0905, F.S. to deter	mme penanty nationally)	.
5. 10330 SOUTHSIDE BLVD (Street Address of Principal Office)		6. 10330 SOUTHSIDE BLVE (Mailing Address	
UNIT 2340		UNIT 2340	
JACKSONVILLE, FL	32256	JACKSONVILLE, FL 322:	56
7. Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
	SOFTBOOKS INC		
Name:			
Office Address:	5373 N NOBHILL RD		
	SUNRISE	Florida 33351 (Zip cod	
	(City)	(Zip cod	e)
to comply with the provisi	tion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent.	er and cojnplete performance of my	Si G
	(Registered agen	it's signature)	
9. The many title or con-	acity and address of the person(s) who	has/have authority to manage is/are:	8: L
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MBR	WAQAS ALI MIRZA		
	2700 POCOMAC MILLS (WOODBRIDGE, VA 2219		
	WOODBRIDGE, VIVEL		· · · · · · · · · · · · · · · · · · ·
 			
			
(Use attachments if neces	ssary)		
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days of of which it is organized. (If the certificulum)	ld, duly authenticated by the official hacate is in a foreign language, a transla	aving custody of records in the tion of the certificate under oath
10. This document is executed submitted in a document to	outed in accordance with section 605.0 of the Department of State constitutes a	rthird dearee telony as provided for in	re that any false information s.817.155, F.S.
	Shapa	tture of an authorized person	 · · · ·

Typed or printed name of signee

WAQAS ALI MIRZA

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

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

That the date of its organization is October 26, 2016; 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.



Signed and Sealed at Richmond on this Date: August 9, 2017

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1708095724