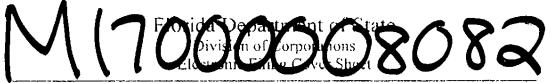
9/21/2017

To:

**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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	Division of Corporations		
	Fax Number	: (858)617-6383	
_			
From:			
	Account Name	: LEGALZOOM.COM INC.	
	Account Number	r : 120010000062	
	Phone	: (323)962-8600	
	Fax Number	: (323)962-3889	

Foreign Limited Liability Company Barbara Larimer, LLC

Certificate of Status	Ü
Certified Copy	ı
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

Help Pringer

TO: Registration Section

## COVER LETTER

Division of Corporations									
Barbara Larimer, 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-amited fiability company to transact business in Florida									
Please return all correspondence concerning this matter to the following:									
Cheyenne Moseley									
Name of Person									
Legalzoom.com, Inc.									
Furn/Company									
101 N Brand Blvd 11th Floor									
Address									
Glendale, CA 91203									
City/State and Zip Code									
barbara.larimer@gmail.com									
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please eall;									
Cheyenne Moseley 800 773-0888 ext9724  Name of Contact Person Area Code Daytime Telephone Number									
Name of Contact Person Area Code Daytime Telephone Number									
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									
Enclosed is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status  □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status									

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

IN COMPLIANCE WITH SECTOMPARTY TO TRANSACT BU			S SUBMITTED TO REGISTER	A FOREIGN LIMI	TED LABILITY		
, Barbara Larimer, LLC							
(Name of Fore	ign Limited Liability Compa	ny: must include "Limited L	ishiliry Company," "L.L.C.,"	ο <del>ι "</del> [.Ι.Ε.")			
				<del></del>			
(If name unavailable, enter al Liability Company," "L L.C,"	ternate name adopted for the or "LLC.")	purpose of transacting busin	ess in Florida. The alternate r	apprioni Jeem emui	"Limited		
2. Pennsylvania		3					
(Jurisdiction under the law company is organized)	of which foreign limited liab	ility	(First number, if applicable)				
4		business in Florida, if prior	to registration \				
	(See sections 605,0904	& 605,0905, F.S. to determ	ine penalty hability)	到早	Charles.		
Ś				$ \stackrel{\sim}{}$	I		
1196 Lehigh Rd., Pinsl	ourgh, Pennsylvania 1520:	S			ņ., ,		
	(Street Add	ress of Principal Office)			.,,		
6.				_ : =			
	burgh, Pennsylvania 1820:	5		- F 10 2	> •		
	(9)	failing Address)		n=			
7. Name and street address	s of Florida registered age	ent: (P.O. Box <u>NOT</u> acce	ptable)				
Name:	Barbara Larimer						
Office Address:	130 Calle El Jardin #102	2	_				
	St Augustine		, Florida 32095				
	((	City)	(Zip code)	<del></del>			
designated in this applicate to complywith the provisi	gistered agent and to acc	appointment as registered to the proper and complo agent.	the above stated limited li l agent and agree to act in ete performance of my du ra Larimer	this capacity. I	jumner agrec		
		(Registered agent's signatur	rc)				
& The name title or can	acity and address of the pe	erson(s) who has/have au/	nority to manage is/are:				
	r, 130 Calle El Jardin #10						
Translate Latteries, Memore	1, 150 Cuite El sa cui a la		* **				
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be s</li> </ol>	of which it is organized (	If the certificate is in a for	nticated by the official having language, a translation	ing custody of rea n of the certificat	ords in the e under oath		
	//	ignature of an authorized per					
This document is execute submitted in a document t	d in accordance with section the Department of State	on 605.0203 (1) (b), Floric constitutes a third degree	da Statutes. I am aware that felony as provided for in s.	any false inform 817.155, F.S.	ation		
	Barbara Larimer						
	Ty	yped or printed name of sign	200				

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/13/2017

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Barbara Larimer, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and ponalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170913110707-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify