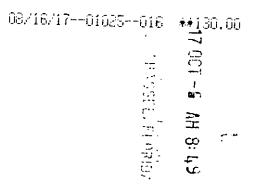
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W17-	-679	07_

Office Use Only



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OCT 0 · 2017

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: SOUTH ENSTERN CAPITAL INVESTMENTS LLC 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:
Juan Robriguez
Name of Person
Firm/Company
in w minder I
15746 93LNN, JUpiter, Fr
Address
Jupiter, Fr 33478
City/State and Zip Code
south Easternaille D Gman. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (50) Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c} \Delta \text{\$\$125.00 Filing Fee} & \Delta \text{\$\$\$\$\$\$\$\$\$\$130.00 Filing Fee & Certificate of Status} & \Delta \$



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 1, 2017

JUAN RODRIQUEZ 15146 93LN N JUPITER, FL 33478

SUBJECT: SOUTHEASTERN CAPITAL INVESTMENTS LLC

Ref. Number: W17000067902

document for SOUTHEASTERN CAPITAL We have received your INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yaşemin Y.Sulker Re**gu**latorý Specialist II

Letter Number: 317A00016927

www.sunbiz.org

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

The continues of lightness of the purpose of the observed summers and the discover same must under a limited ballots compose "The or The or Th	(Name of Loreign L)	Tel or Company must include Timited Liability Company	rough Linder links by Coop	رمرمره: [
Ame and street address of Florida registered agent. (P.O. Box NOT acceptable) Name: Office Address:			made name must usclude. I muted I sability Company ""I I C " or "I C)	
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 2016-1		(Date liest transacted birtiness in Honda, it prior to registration)		
Name and street address of Florida registered agent: (P.O. Box. SOF acceptable) Name: Office Address: STAC GRADE GRADE	BIYG GALA			
Expected agent's sugmented in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agreement with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent's sugmented. The name, title or capacity and address of the personts) who has have authority to manage is fore: Title or Capacity: Name and Address: Title or Capacity: Name and Addres	Suret Address of Pin	33473	(Mailing Address)	
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0. This document is executed in accordance with section 605 (1703 (1) (b), Florida Statutes. Lam aware that any false information abmitted in a document to the Department of State constitutes of third degree felony as provided for in 8.817.155, U.S.	Title or Capacity: MUSINGINGS VICE-PUSIDENT	ity and address of the person(s) who has have at Name and Address: Titl TULY TOSE ENGLY UZ TOTAL TOSE ENGLY UZ		
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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. **SOUTHEASTERN CAPITAL INVESTMENTS 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 July 28, 2017, and is in good standing in this state.

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

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20171002-2261
You may verify this electronic certificate
online at http://www.nvsos.gov/