14170000001192

(Requestor's Name)		
(Address)		
(Address)		
•	,	
	. (O 1-77; 1D)	
(CI	ty/State/Zip/Phone	e #)
PICK-UP	□ \A/AIT	MAIL
☐ PICK-OP	☐ WAIT	LI WAIL
(Bu	siness Entity Nar	ne)
(De	ocument Number)	
(,	
Cardiffication of a stand	O Province	
Certified Copies	_ Certificates	s or Status
Special Instructions to Filing Officer:		
•		
(A 1) 2		2
1017		(Sill
	Office Use On	nlv



000303151470

09/26/17--01002--014 **37.50

09/05/17-+01017--012 -**87.50

00T 42 All to 49

CT1 227



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2017

JASMINE L THOMAS 1051 SOUTHERN DR UNIT 607 COLUMBIA, SC 29201 US

SUBJECT: CORE INVESTMENTS, LLC

Ref. Number: W17000072811

We have received your document for CORE INVESTMENTS, LLC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

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 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.

Letter Number: 117A00018413

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations
SUBJECT: Core Nuestments 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:
Jasmine Thomas
Core Investments, LLC
202 Calhour Street
Clio 5C 29525 City/State and Zip Code
Thomas & to the core 24. Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jasmine Thomas at 843, 439 - 3036 Name of Contact Person 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: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee. Certificate of Status Certificate of Status Certified Copy □ \$160.00 Filing Fee. Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L. L. C.," or "LLC") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L. C," or "LLC.") (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) .Jasmine Name: Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Title or Capacity: (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 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 Departprent of State constitutes a third degree felony as provided for in \$,817,155, F.S.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

CORE INVESTMENTS LLC,

a limited liability company duly organized under the laws of the State of South Carolina on March 1st, 2016, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 16th day of October, 2017.

Mark Hammond, Secretary of State