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(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Cert WIG-USU49	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2017

NATALIE LEON 4516 HIGHWAY 20E, #123 NICEVILLE, FL 32578

SUBJECT: NATALIE LEON LLC Ref. Number: W17000068049

We have received your document for NATALIE LEON LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 317A00016976

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Natalie Leon 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:

Natalie Leo	ר				
	N	ame of Person			
Natalie Leor	LLC				
	Fi	rm/Company			
4516 Highw	/ay 20E, #123				
	Address				
Niceville FL 3	32578				
	City/S	tate and Zip Code	1		
definitionbynat	alie@yahoo.com E-mail address: (to be used				
For further information concerni Natalie Leon	ng this matter, please call:	_ at (<u>850</u>	v 7975569		
	of Contact Person	at (Area Code	_,)		
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 follo \$125.00 Filing Fee	wing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin 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 BUSINESS IN THE STATE OF FLORIDA:

	Natalie	Leon	LLC.
1	Hatale	LCON	

(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.")

2 Delaware	3. 82-241124		1
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4			_
	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to determ	r to registration.) nine penalty liability)	
5. 4516 Highway 20E, #12	3		- .
Niceville, FL 32578			_
	(Street Address of Principal Office)		
6. Natalie Leon LLC, 451	6 Highway 20E, #123		
Niceville, FL 32578			OCT 26
	(Mailing Address)		SS 6 F
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NOT</u> acc	eptable)	
Name:	Registered Agents Inc.		100
Office Address:	3030 N. Rocky Point Dr. STE 150A		RIDA RIDA
	Tampa	. Florida <u>33607</u>	
	(City)	(Zip code)	- 1

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.

Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Natalie Leon, Owner

310 Antiqua Way Niceville, FL 32578

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 forcign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Natallelear

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATALIE LEON LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATALIE LEON LLC" WAS FORMED ON THE SEVENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6504375 8300

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SR# 20176733791 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203440317

Date: 10-23-17

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