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TILLE DOSE

D. SCOTT



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2017

MICH AVANT 1172 S MAIN ST SUITE 220 SALINAS, CA 93901

SUBJECT: CORRAL DEL CIELO, LLC

Ref. Number: W17000078759

We have received your document for CORRAL DEL CIELO, 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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 517A00020090

COVER LETTER

то:	Registration Section Division of Corporations		
CUBIE	Corral del Cielo, LLC	' I	
SUBJEC	Name of Limited Liability Company	1	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," e, and check are submitted to register the above referenced foreign limited liability company to transact busine		
Please re	eturn all correspondence concerning this matter to the following:		
	Mich Avant		
Name of Person			
	Corral del Cielo, LLC		
	Firm/Company		
	1172 South Main Street, Suite 220		
	Address		
	Salinas, CA 93901		
	City/State and Zip Code		
	sales@statspray.com	1	
	E-mail address: (to be used for future annual report notification)	1	
For furth	ner information concerning this matter, please call:		
	Mich Avant 831 at ()		
	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 Registration Section 201 Clifton Building Tallahassee, FL 32301		
	I is a check for the following amount: \$\ \begin{align*} \begin		

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. LIMÍTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L Corral del Cielo, LLC (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 "I invited Limbthity Company," (FEI number, if applicable (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5. 19027 Fieldstone Ct. 1172 South Main Street, Suite 220 (Street Address of Principal Office) (Mailing Address) Salinas, CA 93901 Salinas, CA 93908 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxabatchee Florida 33470 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 fugiher agree to comply with the provisions of all studies relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my pe gistered agent Kathy Shin on behalf of InCorp Services, Inc 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: ىپ Joha Hyland Mich Avant Managing Member Managing Member 1172 South Main St. Suite 220 1172S. Main St. Suitel Salinas, CA 93901 Salinas CA 92901 Managing Member Theresa Hyland 1172 South Main St. Suite 220 Salinas. CA 93901 (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 bath of the translator must be submitted) 10. This document is executed in accordance ction 505.0203 (1) (b), Florida Statutes. I am aware that any false information are constitutes a third degree felony as provided for in s.817.155. F.S. submitted in a document to the Department of Sumature of an authorized nerson Mich Avant

Typed or printed name of signee

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: CORRAL DEL CIELO, LLC

FILE NUMBER: FORMATION DATE:

201406410325 02/28/2014

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

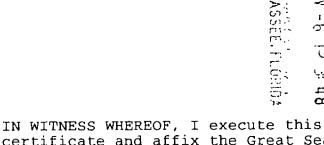
STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



SEALIFORN CALIFORN

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 20, 2017.

ALEX PADILLA Secretary of State