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Certified Copies	(Document Number) Certificates of Status tions to Filing Officer:	TALLAH.	i ' '
		ASSEE, Frontier.	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2017

KATHUEEN A STANDISH, CLA 111 AMHERST ST MANCHESTER, NH 03101

SUBJECT: IBIS, LLC

Ref. Number: W17000079537

We have received your document for IBIS, 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 name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Cq.", also are no longer acceptable.

The registered agent must sign accepting the designation.

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: 117A00020227

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www.sunbiz.org

Division of Companyions D.O. POV 6297 Wallahagan Florida 29214

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		COVER LETTER
rd		ation Section of Corporations
	1	IBIS, LLC
s 0	вјест:	Name of Limited Liability Company
		pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of eck are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Plea	se return all	correspondence concerning this matter to the following:
	\	Kathleen A. Standish, CLA
ļ	i	Name of Person
		Devine, Millimet & Branch, Professional Association
		Firm/Company
		111 Amherst Street
	[] []	Address
		Manchester, NH 03101
		City/State and Zip Code
		kstandish@devinemillimet.com
	11 1	E-mail address: (to be used for future annual report notification)
For	forther inform	mation concerning this matter, please call:
	Kathlee	en A. Standish 603 695-8529
		Name of Contact Person Area Code Daytime Telephone Number
	Division	NG ADDRESS: or of Corporations Division of Corporations ninn Section Registration Section
	P.O. Bo	
Enc		cck for the following amount: .00 Filing Fee \$\Bigsim \$

i i I	OREIGN LIMITED LIABILITY COMPANY FOR AU IN FLORIDA		l i
IN COMPLIANCE WITH SE	CTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBI USINESS IN THE STATE OF FLORIDA:	MITTED TO REGISTER A FOREIGI	Y LIMITED LIABILITY '
BIS, LLC	CANADAS IN THE STATE OF PRODUCTS.		
(Name of Foreig	n Limited Liability Company; must include "Limited Liability Company,	" "L.L.C.," or "LLC.")	
miEdde, LLC	name adopted for the purpose of transacting business in Florida. The alternate name	nust include "Limited Liability Company," "	LL.C," or [LL.C.")
New Hampshire	3. 27-4462	628	
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FEI number, if applicable)	1
4	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability)		1 1
6 326 Chesmut Hill Ro		stnut Hill Road	
(Street Address o	[Principal Office)	(Mailing Address) ston, NH 03070	
New Boston, NH 030	70	1	1
7. Name and street addr	ess of Florida registered agent: (P.O. Box NOT acceptable	·)	
Name:	CT Corporation System		
Offide Address	1200 South Pine Island Road		
	Plantation	Florida <u>03324</u>	
Registered agent's acco	(City)	(Zip code)	
likegistered agent s acce	ptance.	Laurana and Heritard Hability one	
Having been pamed as	registered agent and to accept service of process for the a	ove stated timited though con	ipany at the place
decionated in this applic	ration. I hereby accept the appointment as registered agen	it and agree to act in this capai	cuv, i juriner a gree
designated in this application comply with the prov	ation, I hereby accept the appointment as registered ager sions of all statutes relative to the proper and complete points as of my position as registered agent.	it and agree to act in this capacification of my duties, and I	cuv, i juriner a gree
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designated in this application comply with the provand accept the obligation. 8. The name, title or ca	pacity and address: As a pointment as registered agent.	sistant Secretary Sistant Secretary Corporation System: to manage is/are: pacity: Name an	d Address:
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State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that IBIS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on December 23, 2010. Further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 640605



IN TESTIMONY WHEREOU

the Seal of the State of New Hampshire, this 27th day of September A.D. 2017.

William M. Gardner Secretary of State