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(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP	· [TIAW [MAIL					
(Business Entity Name)								
(Document Number)								
Certified Copies		Certificates of	of Status					
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M. MILLIGAN



October 16, 2017

MICHAEL KING 1404 18TH ST. NW PUYALLUP, WA 98371 US

SUBJECT: SOPRANO PLANES, LLC

Ref. Number: W17000082163

We have received your document for SOPRANO PLANES, 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.

Michelle Milligan Senior Section Administrator

Letter Number: 017A00020803

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	So	prano Planes, LLC	
		Limited Liability Company	
The enclosed "Application Existence, and check are su	by Foreign Limited Liability Com positted to register the above refer	ipany for Authorization to Tr renced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida.
Please return all correspond	ence concerning this matter to the	e following:	
		Michael King	
	٨	lame of Person	
	F	irm/Company	
	14	04 18th St. NW.	
		Address	
	·	allup, WA 98371	
	City/\$	State and Zip Code	
	robin20	004@comcast.net	
	E-mail address: (to be use	ed for future annual report no	etification)
For further information con	rerning this matter, please call:		
Cole Mecha	m at Legally Mine	at (<u>800</u>)_375	-2453
N	ame of Contact Person		ytime Telephone Number
MAILING ADDI- Division of Corpor Registration Section P.O. Box 6327 Tallahassee, FL 32	ations	Division Registrat Clifton F 2661 Exc	F ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclosed is a check for the \$125.00 Filing		☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & 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:

CC	IMPANYTO TRANSACT BU	SIŅESS IN THE STATE OF FLORIDA:				
I.	(Name of Foreign	Soprano Planes. Limited Liability Company: must include "Limit	LLC ed Liability Co	mpany." "L.L.C.," or "LLC.")	•	
	(V. 11		32 (31)	mpay, make a me.		
lt 1	nune unavailable, enter alternate na	ame adopted for the purpose of transacting business in Fl	orida. The alterna	te name must include "Limited Liai	bility Company," "L.L.	C," or "LLC ")
2	Alaska (Jurisdiction under the law of wh	nch foreign limited hability company is organized)	3	(FEI num)	ber, if applicable)	
		. , , , ,			· · · · · · · · · · · · · · · · · · ·	
4.		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.)			
٤.	1001 M/ Nowhear I				N 0.47	9
5. 1231 W. Northern Lights Blvd. #911 (Street Address of Principal Office) Anchorage, AK 98371			6	1404 18th St (Mailing Add	ress)	3
		71		Puyallup, WA	98371	B 200
						-b - €
7	Name and street address	s of Florida registered agent: (P.O. Bo	v NOT acce	ntable)		3 90
		Sandra Hines	x <u>1101</u> accc	prable		بن ۾
	Name:	Sandra mines				26
	Office Address:	303 Shore T Rd				
		Nokomis		Florida <u>34275</u>		
D.	gistered agent's accept	(City)		(Zip cod	e)	
	The name, title or capa	city and address of the person(s) who h	as/have auth			
	Title or Capacity:	Name and Address:	<u>Title (</u>	or Capacity:	Name and A	ddress:
	Member	Michael King 1404 18th St. NW.				
		Puyallup WA 98371	 			
	_Member	Robin King 1404 18th St. NW. Puyallup, WA 98371				
(U	se attachments if necess	ary)				
uг		Media		eign language, a translati		
10. sub	This document is execument to	nted in accordance with section 605.020 the Department of State constitutes a th	3 (T) (b), Flo	orida Statutes Lam awar	e that any false in s.817.155. F.S.	nformation
			ichael King			

