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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: . Registration Section

Division of Corporation	95				
SUBJECT: DYNASTY DEV	/ELOPERS, LLC				
		Limited Liability	Company		
The enclosed "Application by For Existence, and check are submitte					
Please return all correspondence c	oncerning this matter to the	following:			
Jacqueline 1	•				
	N	ame of Person			
DYNASTY	DEVELOPERS, LLC				
	Fi	rm/Company			
2404 Tudo	or House St Apt 30)1			
		Address			
Westly Cha	pel, FL 33544				
	City/S	tate and Zip Code	!		
Jresto1557@	yahoo.com				
	E-mail address: (to be used	l for future annua	l report not	tification)	
For further information concerning	g this matter, please call:				
In any all and Danks		707	070.0		
Jacqueline Resto	f Contact Person	_ at (787 Area Code	_) <u>672-3</u>	time Telephone Number	
Name o	i Conact reison	Area Code	Day	rume Telephone Number	
MAILING ADDRESS:				FADDRESS:	
Division of Corporations Registration Section				of Corporations	
P.O. Box 6327			Clifton B	ion Section wilding	
Tallahassée, FL 32314			2661 Exe	ecutive Center Circle see, FL 32301	
Enclosed is a check for the follow	ing amount:				
₩ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filis Certified Copy	-	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

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:

(If name unavailable, enter al Liability Company," "L.L.C."		f transacting business in Florida, The alternate name m	nust include "Limited
2 Nevada (Jurisdiction under the law company is organized)	of which foreign limited liability	3. 81-4755388 (FEI number, if applicable)	
4.	(Date first transported business i	in Florida, if prior to registration.)	
	(See sections 605.0904 & 605.090	05, F.S. to determine penalty liability)	
5. 2404 Tudor House S	t Apt 301		
Westly Chapel, F	L 33544 (Street Address of Prin	ncipal Office)	
6. 2404 Tudor House	e St Apt 301		
Westly Chapel, FL 33	3544		
	(Mailing Add	dress)	
7. Name and street address	s of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Registered Agents Inc.		<u>-4</u> :
Office Address:	3030 N. Rocky Point Dr. STE 1	150A	
	Tampa	, Florida 33607	1 1
	(City)	Florida 33607 (Zip code)	de)
Having been named as red designated in this applicate to comply with the provision accept the obligations of the control of th	tance: gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered agent. (Registered	(Zip code) e of process for the above stated limited liability ent as registered agent and agree to act in this copper and complete performance of my duties, and agent's signature)	company at the place apacity. If further agree
designated in this applicate complywith the provision accept the obligations of the second sec	(City) tance: gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered agent. (Registered	(Zip code) e of process for the above stated limited liability ent as registered agent and agree to act in this copper and complete performance of my duties, and agent's signature) to has/have authority to manage is/are:	company at the place apacity. If further agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the second seco	(City) tance: gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered agent. (Registered	(Zip code) e of process for the above stated limited liability ent as registered agent and agree to act in this co oper and complete performance of my duties, and d agent's signature) to has/have authority to manage is/are:	company at the place apacity. If further agree
Having been named as red designated in this applicate to comply with the provision accept the obligations of the second s	(City) tance: gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered agent. (Registered	(Zip code) e of process for the above stated limited liability ent as registered agent and agree to act in this copper and complete performance of my duties, and agent's signature) to has/have authority to manage is/are:	company at the place apacity. If further agree

Typed or printed name of signee

Jacqueline Resto

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DYNASTY DEVELOPERS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 1, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 27, 2017.

Bullans K. Legenske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171127-0843
You may verify this electronic certificate
online at http://www.nvsos.gov/