2018-01-11 07:00.10 PST

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Division of Corporations

LegalZoom.com, Inc. From, Lee Ann Rivera Page 1 of 2

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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### Foreign Limited Liability Company LynDen Holdings LLC

| Certificate of Status | 0        |
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#### **COVER LETTER**

| TO:                         | Registration Section<br>Division of Corporations  |  | i<br>'er  |  |   |  |
|-----------------------------|---|--|---|--|---|--|
| CI ID II                    | LynDen Holdings   | LLC  |   |  |   |  |
| SUBJ                        | ECT:  | Name of Limited  | Liability Company   |  |   |  |
| The er<br>Existe            | nclosed "Application by Forei<br>nee, and check are submitted   | gn Limited Liability Compa<br>to register the above refere   | my for Authorizatic<br>need foreign limited   | on to Transact Business in F<br>I liability company to transac | lorida," Certificate of<br>et business in Florida |  |
| Please                      | return all correspondence co  | ncerning this matter to the f  | ollowing:   | ļ  |   |  |
|                             |   | Cheye  | enne Moseley  |  |   |  |
|                             | <u></u>   | Nu   | ne of Person  |  | _ <del></del>                                     |  |
|                             |   | Legalze  | oom.com, !nc.   |  |   |  |
|                             |   | Fin  | m/Company -   |  |   |  |
| 101 N Brand Blvd 11th Floor |   |  |   |  |   |  |
| Address                     |   |  |   |  |   |  |
|                             |   | Glenda   | ale, CA 91203   | !  |   |  |
|                             |   | City/St  | ate and Zip Code  | <del></del>  | <del></del> -                                     |  |
|                             | dtdinsurance  | _  | •   |  |   |  |
|                             |   | E-mail address; (to be used  | for future annual rep   | oort notification)   |   |  |
| For fi                      | urther information concerning   | this matter, please call:  |   |  |   |  |
|                             | Cheyenne Moseley  | ,  | 800<br>at (   | 773-0888 ext9724   |   |  |
|                             | Name o  | Contact Person   | Area Code   | Daytime Telephone Nui  | nber  |  |
|                             | MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, Fl. 32314 | Divisio<br>Registra<br>Clifton<br>2661 E   | T ADDRESS:<br>n of Corporations<br>ation Section<br>Building<br>security Center Circ<br>ssee, FL 32301. | cle  |   |  |
| Enc                         | losed is a check for the f  | ollowing amount:  \$\Boxed{\text{\$\sum \$\\$130.00 Fiting Fee \& \\ \text{Certificate of Status}}\$ | ■ \$155.00 Filing<br>Certified Cop  |  | g Fee, Certificate<br>Pertified Copy              |  |
|                             |   |  |   |  |   |  |

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|  | INFSS IN THE STATE OF FLORIDA:  |   | 1  |   |
|--|---|---|--|---|
| (Name of Foreig  | in Limited Liability Company: must it   | nchida "Limited Liability Company,"   | " <u>रहाईटी,"ज ना दि.")</u>                    | ,   |
| ٥  |   |   | ì  |   |
| if name imavailable, enter alte  | rnate name adopted for the purpose o  | f transacting business in Florida. The  | a atternate name must in                       | clude "Emnited  |
| Liability Company," "L.L.C,"   | or "Lil. C.")   | 3. 46-3572735   |  |   |
| 2. MO  | which foreign limited liability   | 3. (FEI mamber  | i, it applicable)                              |   |
| company is organized)  |   |   |  |   |
| 4. <u> </u>  | (Date first transacted business<br>(See sections 605,0904 & 605,05  | in Florida, if prior to registration.)<br>05. F.S. to determine penalty liability | . <u> </u>                                     |   |
| s 1399 Engles Flight Way   |   |   |  |   |
| -1.  |   |   | _  | T ( 8   |
| North Port, FL 34287   | (S'reet Address of Pr   | incipal Office)   |  |   |
| 6. 1399 Engles Flight Way  |   | · · · · · · · · · · · · · · · · · · ·   |  | TICE<br>MILE  |
| <del></del> -  |   |   |  | MINE TITLED   |
| North Port, FL 34287   | (Mailing A  | ddress)   |  | 一一回   |
|  | •   |   |  | 3 D   |
| 7. Name and street <u>addres</u>   | s of Florida registered agent: (P.C   | ), Mix (XVI) acceptance   |  | Shirt C   |
| Name:  | United States Corporation Agen  | IS, INC.  |  | 気がた   |
| Office Address:  | 13302 Winding Oak Court Suite   |   | , 10   |   |
| Cilled Hamon   | Тапіра  | , Florida <u>3</u>  | 3612   |   |
|  | (City)  |   | (Zip code)                                     |   |
| designated in this applica   | nance: rgistered agent and to accept servicion. I hereby accept the appoints ions of all statutes relative to the party position as registered agent. | roper and complete performan  | ce of my duties, and l                         | npany at the place<br>city. I further agree<br>' am familiar with and |
|  | (Registe  | ened agent's vignature)   |  |   |
|  | the state of the same of the same of the  | who has/have authority to manag   | ge is/are:                                     |   |
| 8. The name, title or cap  | acity and address of the person(s)<br>- 1399 Eagles Flight Way, North I   | Port. FL 34287  | •  |   |
|  |   |   |  |   |
| Linda Caldwell-Denny, l  | Member - 1399 Eagles Flight Way   | 7, NORM FOR, 12 27231   | 1  |   |
|  |   |   |  |   |
| 9. Attached is a certificat jurisdiction under the law of the translator must be | te of existence, no more than 90 days of which it is organized. (If the cosubmitted)  | rys old, duly authenticated by the certificate is in a foreign language           | }  | ly of records in the certificate under outh                           |
|  | Signature   | of an Funtousing boson  | M P-1.   | a indermenties  |
| This document is execute submitted in a document                                 | ed in accordance with section 605, to the Department of State constit   | .0203 (1) (b). Florida Statutes, I a<br>utes a third degree felony as prov        | im aware that any raise ided for in s.817.155. | F.S.  |
|  | Dennis Denny  |   |  |   |

Typed or printed name of signee



## John R. Ashcroft **Secretary of State**

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

> LynDen Holdings LLC LC1339435

was created under the laws of this State on the 3rd day of September, 2013, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 11th day of January, 2018.

Certification Number: CERT-01112018-0013

