# 118000001064

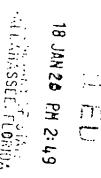
(Re	equestor's Name)			
(Āc	idress)	<u> </u>		
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000306754740

01/29/18--01027--013 \*\*160.00



JAN 3 1 2018

Y \$ULKER

# COVER LETTER

Division of Corporatio	ns				
CHAMELEON GL SUBJECT:	OBAL LLC				
	Name of	Limited Liabili	ity Company		
The enclosed "Application by Fo Existence, and check are submitted.					
Please return all correspondence	concerning this matter to the	following:			
Joseph Walker					
<del></del>	N	ame of Person	<del></del> -		
CHAMELEON	NGLOBAL LLC				
	F	irın/Company			
6278 N Federa	l Hwy Ste 457				
		Address			
Fort Lauderdal	e/FL 33308				
	City/S	tate and Zip Co	ode		
joseph.walker@o	chameleon.global				
	E-mail address: (to be use	d for future ann	nual report not	ification)	
For further information concerning	g this matter, please call:				
Joseph Walker		4 <b>0</b> 4	384-900	)5	
Name (	of Contact Person	Area Co	ode Day	time Telephone Number	
MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Boundary 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 F Certified Co		■ \$160.00 Filing Fee. Co of Status & Certified Cop	

IN COMPLANCE WITH SECT	ION 605.0002, FLORIDA STATUTES, THE FOIL SINESS IN THE STATE OF FLORIDA:	OWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABII			
CHAMELEONICLORA					
(Name of Foreign l	limited Liability Company; must include "Limited Li				
(If name unavailable, outer alternate in	ane adopted for the purpose of transacting business in Florida	The alternate mane must meltide "Limited Liability Company," "L. L. C." or "LLC")			
2 Georgia	uch foreign limited hability company is organized)	3. 47-4730808 (Flit number, if applicable)			
4. 01/01/2018	Dayle (Coor to real	stratum)			
	(Date first transacted histness in Florida, if prior to regis (See sections 605 0804 & 605 0805, F.S. to determine p	6278 N Federal Hwy Stc 457			
5. 6278 N Federal Hwy Ste 457		(Mailing Address)			
(Street Address of F Fort Lauderdale, FL 33	•	Fort Lauderdale, Fl. 33308			
7 . N	ss of Florida registered agent: (P.O. Box N	(OT acceptable)			
Name and street address	InCorp Services, Inc.	<u></u>			
Office Address:	17888 67th Court North				
Office Address.	Loxahatchee	. Florida 33470 (Zup coddy)			
designated in this applicate to comply with the provis	egistered agent and to accept service of pro- tion, I hereby accept the appointment as r ions of all statutes relative to the proper ar s of my position as registered agent.	ecess for the above stated limited liability company at the place of the company at the place of the complete performance of my distinct and I am familiar with the place of the complete performance of my distinct and I am familiar with the place of the performance of the complete p			
/	//egan Dessey Me				
	pacity and address of the person(s) who has/	have authority to manage is/are:  Title or Capacity: Name and Address:			
Title or Capacity:	Name and Address:	Title or Capacity: Name and Address:			
Owner	Joseph Walker 1625 S Federal Hwy Ant 411.	Office			
	Pompano Beach, FL 33062				
<del></del>					
	·				
(Use attachments if necess	sary)				
( ••••		ily authenticated by the official having custody of records in			
9. Attached is a certificate	f which it is organized. (If the certificate i	is in a foreign language, a translation of the certificate unde			
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be sul</li> <li>This document is execut</li> </ol>	If which it is organized. (If the certificate is omitted)  ed in accordance with section 605.0203 ( the Department of State constitutes a third	(1) (b), Florida Statutes. I am aware that any false informat degree felony as provided for in s.817.155, F.S.			
<ol> <li>9. Attached is a certificate jurisdiction under the law of the translator must be sul</li> <li>0. This document is execut</li> </ol>	of which it is organized. (If the certificate is omitted)  ed in accordance with section 605.0203 ( the Department of State constitutes a third	(1) (b), Florida Statutes. I am aware that any false informat degree felony as provided for in s.817.155, F.S.			

Joseph Walker
Typed or printed name of signee

Control Number: 15074027

# STATE OF GEORGIA

# Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

1, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### CHAMELEON GLOBAL LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, statement of commencement of winding up or any other similar document has been filed or—is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15190010
Date Inc/Auth/Filed: 07/27/2015
Jurisdiction : Georgia
Print Date : 01/25/2018

Form Number : 211



B: P. W. Brian P. Kemp

Secretary of State