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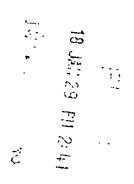
(Re	equestor's Name)			
(Ad	idress)			
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(Cit	ty/State/Zip/Phon	e #)		
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בייערי בייני

COVER LETTER

TO: * Registration Section Division of Corporation	is ,		
SUBJECT:	Wraith, L		
	Name of I	Limited Liabili	ty Company
			rization to Transact Business in Florida," Certificate of mited liability company to transact business in Florida
Please return all correspondence of	concerning this matter to the	following:	
	Ralı	oh Garramon	e
		ame of Person	
	Fi	rm/Company	
	12998	8 South Clevi	 eland Avenue
	120	Address	
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Forth	Myers, FL 33	2007
		tate and Zip Co	
	Cityro	tate and zip ee	
	rnarramo	one@garramo	one com
	E-mail address: (to be used	for future ann	pal report notification)
For further information concerning	g this matter, please call:		
	Young	_ at (<u>800</u>) 375-2453
Name o	f Contact Person	Area Co	de Daytime Telephone Number
MAILING ADDRESS:			STREET ADDRESS:
Division of Corporations			Division of Corporations
Registration Section			Registration Section
P.O. Box 6327			Clifton Building
Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the follow	ing amount:		
☑\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 F Certified Co	

APPLICATION BY FO	OREIGN LIMITED LIABILITY COM IN FLO	PANY FOE ORIDA	RAUTHORIZATI	ON TO T	RANSA	CT BUS	SINESS
IN COMPIJANCE WITH SEC COMPANY TO TRANSACT BI	TTION 605,0902, FLORIDA STATUTES, THE FO USINESS IN THE STATE OF FLORIDA:		SUBMITTED TO REG	ISTER A FO	REIGN	LIMITED	LIABILT.
I. Wraith, LLC (Name of Foreign	Limited Liability Company; must include "Limited	Liability Com	pany " " 1 (* " or " 1 (*)	, _			
·	,,	ismonity Com	pany, tataon, or the	,			
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Florida	da. The alternate	name must include "Limited	Liability Comp	any," "L.L	. C." or "L±.0	
n Alaska		3.			•	,	- ,
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	J. +	(FEL n	umber, if applic	able)		
4.							
	Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration)					
1231 W. Northern				nd Avon			
(Street Address of		6. 129	98 South Clevela (Mailing /	rid Avenu	ie.	مر. —خن—	
Anchorage, AK 995	503	Fort	Myers, FL 33907	7	-		
				<u> </u>	٠.	نية. اک	•
		-					1
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accept	able)				
	Ralph Garramone	`	,			ઇંગ્ર	
Name:	Naiph Garramone		_		44	2:41	
Office Address:	12998 South Cleveland Avenue		_		¥;		
	Fort Myers		ricada 220	0.7			
	(Ciry)		Florida <u>339</u>				
o comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	ind complete	gent and agree to a c performance of m	y duties, a	apacny nd 1 an	. 1 jurin n familia	er agre r with
	(Registered agent's sig	mature)					
8. The name, title or capa Title or Capacity:	ncity and address of the person(s) who has		ity to manage is/are <u>Capacity:</u>		and A	ddress:	
AMBR	Ralph Garramone						
	1215 Braman Ave.						
	Fort Myers, FL 33901			-			_
AMBR	Elizabeth Santos						
	163 Hartshorn Road			_			
	_Barnstead, NH.03218						
Use attachments if necess	sary)	1					
. Attached is a certificate urisdiction under the law of the translator must be su		is in a foreig	gn language, a transl	having cust ation of the	tody of ecertifi	records i cate und	in the er oath
	Signature of	an authorized per	son	<u> </u>			
0. This document is execution to the second second to the second	ated in accordance with section 605.0203 (the Department of State constitutes a third] []) (b), Flori	da Statutes. Lam aw	are that any n s.817,155	y false i 5. F.S.	nformati	on
	Rainh C	Sarramone					

Typed or printed name of signee

