# M18000001253

(Re	questor's Name)	
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I LEGGETT

W18600003157



January 24, 2018

JOHNNY BURCH 4106 E 106TH CT THORNTON, CO 80233 US

SUBJECT: THREE CARD DRAW LLC

Ref. Number: W18000007314

We have received your document for THREE CARD DRAW LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 018A00001572

### COVER LETTER

TO:		ion Section of Corporation	s				
SUBJE		e Card Draw LL	C.				
SOBA		·	Name of I	imited Liability (	Company		
			eign Limited Liability Comp I to register the above refere				
Please	return all co	orrespondence co	oncerning this matter to the	following:			
	,	Johnny Burch					
	-	·	Na	ime of Person			
	•	Three Card Drav	w LLC.				
	-		Fir	rm/Company			
		4106 E 106th Ct					
	-			Address		r=0=:	
		Thornton, CO 80	0233			L'EOE!	ハーつ
	-		City/St	ate and Zip Code		FED (1)	Luid
	J1:	Burch1098@gma	ail.com	-			
			E-mail address: (to be used	for future annual	report noti	fication)	
For fur	ther inform	ation concerning	this matter, please call:				
	Johnny B	urch		303 at (	522-808	П	
		Name of	Contact Person	Area Code	Dayı	time Telephone Number	
	Division of Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		k for the followi 0 Filing Fee	ng amount:	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co	

### 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. COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

State of Colorado  Junidemon ander the live of which foreign limited lithidity company to organized)  (Pital the live of which foreign limited lithidity company to organized)  (Pital the live of which foreign limited lithidity company to organized)  (Pital the live of which foreign limited lithidity company to organized)  (Pital the live of which foreign limited lithidity company to organized)  (Pital the live of which foreign limited lithidity company to organized)  (Pital the live of which foreign limited lithidity company to organized)  (Pital the live of which foreign limited lithidity company to organized)  (Pital the live of which foreign limited lithidity company to organized)  (Pital the live of which foreign limited lithidity company to organized)  (Pital the live of which foreign limited lithidity company to organized)  (Pital the lithidity)  (Nature) Address:  Thornton, CO 80233  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Sam Weaver  Office Address:  2223 Mercer Dr  Cocoa  (Gray  Co	frame unavailable enter alternate name ac	hard for the manual of transacting harings i	n Florida. The ab	espate name must include	"Limited Liabil	in Company ""I I	C "or "H	
(Due first transacred bounces in Florida, if prior to registration.) (See sections 603 9908 & 603 9908, F.S. to determine penalty liability) (See sections 603 9908 & 603 9908, F.S. to determine penalty liability) (Siere Addrew of Principal Office)  Thornton, CO 80233  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Sam Weaver  Office Address:  Cocoa  Florida  Sag926  (City)  Cocoa  Florida  Sag926  Sagistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company of the pestignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar varied accept the obligations of my position as registered agent.  The name, title or capacity and address of the propers of the superior signature.  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Addre		to the full have on nanearing pressures a			izmatea trason	nry County, 121.		., , ,
(Due first invasced beamers in Plorida, Tipriot to registration) (Street Address of Principal Office)  A 106 E 106th Ct  (Street Address of Principal Office)  Thornton, CO 80233  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Sam Weaver  Office Address:  2223 Mercer Dr  (Coco)  (City)  Cocoo  Florida  Septiated agent's acceptance:  uning been named as registered agent and to accept service of process for the above stated liability comigant of the registrated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in accept the obligations of my position as registered agent.  (Registered agent's signatuse)  (Registered agent's signatuse)  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name a		reign limited liability company is organized)	_ 3.	62-3761736	(FEI number	r, if applicable)		_
Alto E 106th Ct  (Steer Address of Proepal Office)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Sam Weaver  Office Address: 2223 Mercer Dr  COCOB Florida 32926  (Cib) City Code Office agent's acceptance: (Cib) Address of the above stated limited liability company of the principle to the proper and complete performance of my duties, and I am familiar will accept the obligations of my position as registered agent.  The name, title or capacity 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: Dohnny Burch  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ristiletion must be submitted)  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information bimitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.								
Alto E 106th Ct    Given Address of Principal Offices   6.   4106 E 106th Ct   Officer Address of Principal Offices   7.   1.   1.   1.   1.   1.   1.   1.		(Date first transacted business in Florids, if no	or to registration	<u> </u>		<del></del>		
Steel Address of Principal Offices   Thornton, CO 80233   Thornton, CO 80233	ļ	(See sections 605,0904 & 605 0905, F.S. to de	termine penalty l	ability)				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Sam Weaver  Office Address: 2223 Mercer Dr  Cocoa Florida 32926  (City)  Cocoa Florida 32926  (City)  Cocoa Florida 32926  (City)  (City			6.					_
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Name:  Office Address:  2223 Mercer Dr  Cocoa  Florida  32926  (City)	Name and street address of	Florida registered agent: (P.O. I	Box NOT a	ccentable)		- <u>Z</u>	<del>5</del>	
Office Address:    Cocoa			-	•		;= }=		
Cocoa . Florida 32926	Name:	Sam vveave		<del></del>		, j.,	9	
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Typed or printed name of signee

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I. Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Three Card Draw

is a

### Limited Liability Company

formed or registered on 12/21/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171939093.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/30/2018 that have been posted, and by documents delivered to this office electronically through 01/31/2018 @ 10:09:13.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/31/2018 @ 10:09:13 in accordance with applicable law. This certificate is assigned Confirmation Number 10691752



Norman Williams

Secretary of State of the State of Colorado

\*\*End of Certificate\*\*\*\*\*\*\*\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.vos.state.co.us.biz.CertificateSearchCeiteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the yalid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us.click."Businesses, trademarks, trade names" and select "Frequently Asked Questions."