M18000001841

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(
Certified Copies Certificates of Status						
Certified dopies						
Special Instructions to Filing Officer:						
45ign W18-13488						
1010 10100						

Office Use Only



600308586036

02/08/18--01017--013 **125.00

18 FEB 21 PN 12: 56

O SIMMONS FEB 2 2 2013



February 20, 2018

Division of Corporations Registration Section- Clifton Building 2661 Executive Center Circle Attn: Octavia Simmons Tallahassee, FL 32301

Re: Say Bookkeeping, LLC- Qualify in Florida

Dear Ms. Simmons:

Say Bookkeeping, LLC, a Delaware limited liability company, had applied to qualify to do business in Florida but was rejected due to a missing signature on the registered agent section. Please find enclosed a corrected and signed application for filing Say Bookkeeping, LLC to do business in Florida. Should you have any questions or concerns please feel free to reach out at (305) 300-7405.

Sincerely,

AXS Law Group, PLLC

By: Nicolle Barrantes, Esq.

RECEIVED FEB 2 1 2016

COVER LETTER

TO: ,		ition Section of Corporation	s					
erm ti		BOOKKEEPIN	G, LLC					
SUBJI	SC1:		Name of L	imited Liability C	ompany			
The en	closed "Ap	plication by Fore	sign Limited Liability Compa I to register the above referen	any for Authorizat aced foreign limit	ion to Trai ed liability	nsact Business in Florida," Certificate company to transact business in Flor	of ida,	
Please	return all c	orrespondence co	oncerning this matter to the f	following:				
		Giuseppe Salam	one					
			Na	me of Person		——————————————————————————————————————		
		Say Bookkeeping, LLC						
	Firm/Company							
		1521 Alton Road						
	Address							
		Miami Beach, FL 33139						
	City/State and Zip Code							
	gsalamone@saybookkeeping.com							
	_	E-mail address: (to be used for future annual report notification)						
For fur	ther inform	nation concerning	this matter, please call:					
	Giuseppe	e Salamone		786	292-951	9		
		Name of	Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations on Section uilding cutive Center Circle			
Enclos		ck for the followi 00 Filing Fee	ng amount: \$\sum_\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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:

1. SAY BOOKKEEPING	, LLC Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LL	C.")		
(If name unavailable, enter alternate r	ome adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited	Liability Company," "L.L.C." or "LLC.")		
2. Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if applicable)			
4	(Dale first transacted business in Flonds, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) te penalty liability)			
5 1815 Purdy Avenue		6. 1521 Alton Road			
(Street Address of	-	(Mailing Address) Miami Beach, FL 33139			
Miami Beach, FL 3313	у	Mialli Beach, 12 33139			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	<u> </u>		
Name:	Joseph Salamone	·	FEB 21 P		
Office Address:	1815 Purdy Avenue	数に			
	Miami Beach	, Florida <u>33139</u>	新年 20		
Registered agent's accep	(City)	(Zip	code) EG 5		
8. The name, title or cap: Title or Capacity:	(Registered agent's sacity and address of the person(s) who ha		e: Name and Address:		
	Joseph Salamone	<u> </u>	7,48150 3116 316 316 316 316		
Manager	1815 Purdy Avenue Miami Beach, FL 33139	•			
		-			
(Use attachments if neces	ssary)	•			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)	duly authenticated by the officia e is in a foreign language, a tran	l having custody of records in the slation of the certificate under oath		
10. This document is executed in a document to	outed in accordance with section 605.0203 to the Department of State constitutes a thi	rd degree felony as provided for	ware that any false information in s.817.155, F.S.		
	Joseph Rolemond Signature				
	Signature	of an authorized person			
	Joseph Salamone				
		printed name of signee			

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SAY BOOKKEEPING, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SECOND DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAY BOOKKEEPING, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2017.

Secretary of the secret

Authentication: 202087414

Date: 02-02-18