

M18000002795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

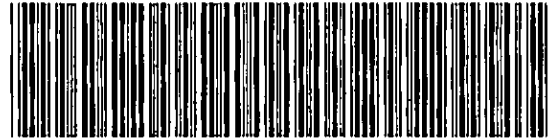
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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N. CAUSSEAU

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Akamai Adventures LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elaine Allwine-Caspers

Name of Person

Akamai Adventures LLC

Firm/Company

5345 Mikado Ct.

Address

Cape Coral, FL 33904

City/State and Zip Code

elainecallwine@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine Allwine-Caspers

808
at ()

497-6851

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$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. Akamai Adventures LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 82-3218152
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Delaware Business Incorporators, INC
(Street Address of Principal Office)
3422 Old Capitol Trail, Suite 700
Wilmington, DE 19808


6. Delaware Business Incorporators, INC
(Mailing Address)
3422 Old Capitol Trail, Suite 700
Wilmington, DE 19808

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Elaine Allwine-Caspers
Office Address: 5345 Mikado Ct.
Cape Coral, Florida 33904
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

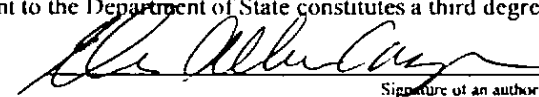
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Member	<u>Elaine Allwine-Caspers</u> <u>5345 Mikado Ct.</u> <u>Cape Coral, FL 33904</u>	_____	_____
Member	<u>Mark H. Caspers</u> <u>5345 Mikado Ct.</u> <u>Cape Coral, FL 33904</u>	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

Elaine Allwine-Caspers
Typed or printed name of signee

Delaware

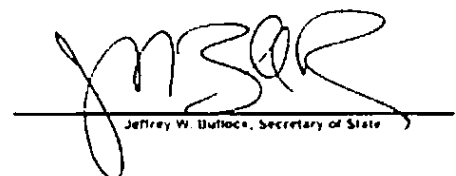
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AKAMAI ADVENTURES 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2018.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 MAR 21 AM 11:22




Jeffrey W. Bullock, Secretary of State

6513143 8300

SR# 20181436745

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 20225534

Date: 02-28-18