1118000002981

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





200310978822

03/26/18--01022--022 **160.00

FILED

18 MAR 26 AM II: 50
SEGNETABY OF STATE

K. SALY MAR 28 2018

COVER LETTER

TO:

Registration Section

· Division of Corporations						
SUBJECT:	SPLASH.WORLD LLC					
500,000	Name of Limited Liability Company					
		any for Authorization to Transact Business in Florida." Certificate of need foreign limited liability company to transact business in Florida				
Please return	all correspondence concerning this matter to the f	ollowing:				
	Jenna Buchanan					
	Na	me of Person				
	SPLASH.WORLD LLC					
	Firm/Company					
333 Las Olas Way, CU 4, Unit 414						
		Address				
Fort Lauderdale, FL 33301						
City/State and Zip Code						
info@splash.world						
	E-mail address: (to be used	for future annual report notification)				
For further in	nformation concerning this matter, please call:					
Je	nna Buchanan	at (603) 678-6050				
	Name of Contact Person	Area Code Daytime Telephone Number				
Div Reg P.O	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	a check for the following amount: 5125.00 Filing Fee	S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (#51402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT RUNNESS IN THE STATE OF FLORIDA:

SPLASH.WORLD			
Splash Creative Sol	ign Limited Liability Company: must include utions LLC	"Limited Liability Company L.L.C	or "LUC.")
(If name unavailable, enter all Liability Company," "L.L.C."	ternate name adopted for the purpose of transa for "LLC.")	cting business in Florida. The alternate r	name must include "Limited
, Wyoming		2-2553300	
	of which foreign limited liability	(FEI number, it applicat	ole)
5. 333 Las Olas Wa	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S y, CU4, Unit 414	da. if prior to registration.) . to determine penalty liability)	_
Fort Lauderdale, FL 33301			- 6 6 7 7
(Street Address of Principal Office) 6. 333 Las Olas Way, CU4, Unit 414			FILED WINSO
Fort Lauderdale, I			_ 图 =
	(Mailing Address)		
 Name and <u>street addres</u> Name; 	s of Florida registered agent: (P.O. Box Registered Agents Inc.	N <u>OT</u> acceptable)	影点
Office Address:	3030 N. Rocky Point Dr. STE	150A	
	Tampa	. Florida <u>33607</u>	
designated in this applicate to complywith the provision	(City) tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as ons of all statutes relative to the proper a ny position as registered agent. Bell have	registered agent and agree to act in	this capacity. I further agree
	(Registered agent	's signature)	_ _
8. The name, title or capa Jenna Buchanan, O	city and address of the person(s) who has	have authority to manage is/are:	
1223 Southeast 2nd	l St		
Fort Lauderdale, FL	. 33301		
	of existence, no more than 90 days old, do of which it is organized, (If the certificate abmitted)		
	Signature of an auth	norized person	
	in accordance with section 605.0203 (1) (

Typed or printed name of signee

Jenna Buchanan

STATE OF WYOMING Office of the Secretary of State



I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

SPLASH.WORLD LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 15, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000764922**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of March, 2018 at 8:53 AM. This certificate is assigned 025897636.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.