111800003060

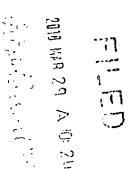
(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Danish A Novel and
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openial management to 1 ming officer.

Office Use Only



200311047952

03/29/18--01011--013 **125.00



Δ

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AMERICAN MANOR, 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:
Lisa M. Alonso
Name of Person
AMERICAN MANOR, LLC
Firm/Company
8364 Plantation Rd.
Address
Macclenny, FL 32063
City/State and Zip Code
american.manor.llc@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa M. Alonso at (619) 301-4444
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: S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate Certified Copy S155.00 Filing Fee S160.00 Filing Fee, Certificate 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:

.iability Company," "L.L.C,	Iternate name adopted for the purpose of transaction ("or "LLC.")	ng business in Florida. The alternate n	ame must includ	de "Limited
NEVADA	3	(FEI number, if applicab		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)	
·	(Day Cart Assert al basis and Davids	(funity to marketing)		
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)		
8364 Plantation Rd.,	Macclenny, FL 32063			
	(Street Address of Principal Offi	ce)	_	
8364 Plantation F	ld., Macclenny, FL 32063	· · · · · · · · · · · · · · · · · · ·	_	
	(Mailing Address)		2819	
. Name and street address	ss of Florida registered agent: (P.O. Box NO	OT_acceptable)		
Name:	LISA M. ALONSON			- *
Office Address:	8364 Plantation Rd.,		· · ·	
	Macclenny	, Florida 32063		>
N . T	(City)	(Zip code)))
Registered agent's accep	nance: gistered agent and to accept service of proce	ess for the above stated limited lia	bility compan	is at the ale
faving been named as re	gistered agent and to accept service by proce	j		y ut ine più
esignated in this applica	tion, I hereby accept the appointment as reg	istered agent and agree to act in a	this capacity.	I further a
esignated in this applica complywith the provisi	tion. I hereby accept the appointment as reg ons of all statutes relative to the proper and my position as registered agent.	istered agent and agree to act in a	this capacity.	I further a
esig <mark>nated in this applica</mark> complywith the provisi	tion, I hereby accept the appointment as reg ons of all statutes relative to the proper and	istered agent and agree to act in a	this capacity.	I further a
esignated in this applica complywith the provisi	tion, I hereby accept the appointment as reg ons of all statutes relative to the proper and	istered agent and agree to act in a complete performance of my duti	this capacity.	I further a
esignated in this applica o complywith the provisi ccept the obligations of	tion. I hereby accept the appointment as reg ons of all statutes relative to the proper and my position as registered agent.	istered agent and agree to act in a complete performance of my duti	this capacity.	I further a
esignated in this applicate complywith the provision of the obligations of the obligations of the name, title or capa	tion, I hereby accept the appointment as reg ons of all statutes relative to the proper and my position as registered agent. (Registered agent's s	eistered agent and agree to act in a complete performance of my dution of the complete performance of my dution of the complete performance of my dution of the complete performance of the complete performance is a complete performance of the complete per	this capacity.	I further a
esignated in this applicate complywith the provision of the obligations of the obligations of the name, title or cap	tion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. (Registered agent's sacity and address of the person(s) who has/ha	eistered agent and agree to act in a complete performance of my dution of the complete performance of my dution of the complete performance of my dution of the complete performance of the complete performance is a complete performance of the complete per	this capacity.	I further a
lesignated in this applicate complywith the provision of the obligations of the control of the c	tion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. (Registered agent's sacity and address of the person(s) who has/ha	eistered agent and agree to act in a complete performance of my dution of the complete performance of my dution of the complete performance of my dution of the complete performance of the complete performance is a complete performance of the complete per	this capacity.	I further a
lesignated in this applicate complywith the provision of the obligations of the control of the c	tion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. (Registered agent's sacity and address of the person(s) who has/ha	eistered agent and agree to act in a complete performance of my dution of the complete performance of my dution of the complete performance of my dution of the complete performance of the complete performance is a complete performance of the complete per	this capacity.	I further a
esignated in this applicate complywith the provisions of the obligations of the captain and th	ons of all statutes relative to the proper and my position as registered agent. (Registered agent's satisfied and address of the person(s) who has/ha MANAGER, 8364 Plantation Rd., of existence, no more than 90 days old, duly	istered agent and agree to act in a complete performance of my dution of a complete performance	this capacity. ies, and I am f	I further a
esignated in this applicate complywith the provisions of the obligations of the cap. 3. The name, title or cap. ISA M. ALONSO, Attached is a certificate inisdiction under the law	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is is	istered agent and agree to act in a complete performance of my dution of a complete performance	this capacity. ies, and I am f	I further a
designated in this applicate ocomplywith the provision of accept the obligations of the same, title or capalism. ALONSO,	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is is	istered agent and agree to act in a complete performance of my dution of a complete performance	this capacity. ies, and I am f	I further a

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.

LISA M. ALONSO

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AMERICAN MANOR, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since = February 19, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 22, 2018.

Backers K. Cegerske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180322-0167