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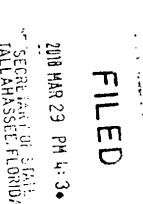
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Office Use Only



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S. WARREN MAR 3 0 2018



March 19, 2018

SARAH PRITCHARD 500 KNIGHTS RUN AVE #1311 TAMPA, FL 33602

SUBJECT: S.E. PRITCHARD LAW, LLC

Ref. Number: W18000026269

We have received your document for S.E. PRITCHARD LAW, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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.

Letter Number: 518A00005506

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

#### COVER LETTER

TO: Registration Section

	n of Corporatio E. Pritchard Law.					
SUBJECT:		Name of	Limited Liability (	Company		-
The enclosed "A Existence, and c	application by Fo heck are submitte	reign Limited Liability Comp ed to register the above refer	oany for Authoriza enced foreign limi	ntion to Tra ted liability	ansact Business in Florida,' y company to transact busin	' Certificate of ness in Florida.
Please return all	correspondence	concerning this matter to the	following:			
	Sarah Pritchare	1				
	_	N	ame of Person			-
	S.E. Pritchard	Law, LLC				
		Fi	rm/Company			-
	500 Knights R	un Ave., #1311				
	_		Address			,
	Tampa, FL 336	502				
		City/S	tate and Zip Code			
	sarah@sepritcha	rdlaw.com				
		E-mail address: (to be used	I for future annual	report not	lification)	
For further infor	mation concernir	ig this matter, please call:				
Sarah I	ritchard		706	9 <b>7</b> 9-77		
	Name o	of Contact Person	at ( Area Code	Day	rtime Telephone Number	
Division Registra P.O. Bo	inG ADDRESS: n of Corporation ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding recutive Center Circle ice, FL 32301	
	eck for the follow i.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605.6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If n	ame unavailable, enter alternate r	name adopted for the purpose of transacting busine	es in florids. The alternate name must inclu	de "Limited Liability Company" "T. L. C." or "L	
	Georgia	and adopted to the pulpose of nativicing builts	811860756	the chance clapmy Company, 12.12 C. Of 12	i.c. )
<u>-</u>	(Jurisdiction under the law of w	hich foreign limited liability company is organized	3. <u>61-4607730</u>	(FEI number, if applicable)	-
4.	02/02/2018				
◄.	<del></del>	(Date first transacted business in Florida, it (See sections 605 0904 & 605 0905, F.S. t	prior to registration ) o determine penalty liability)	<del></del>	
5.	500 Knights Run Ave		500 Knights Ru	n Ave	
	(Street Address of I	Principal Office)	#1311	(Mailing Address)	_
	Tampa, FL 33602		Tampa, FL 3360	)2 20 1 S	_
	·	<del></del>		ATT B	- Tj
7.	Name and street addres	ss of Florida registered agent: (P.C	) Boy NOT acceptable)	ina IASS	
•		Sarah Pritchard	7. 170.1 110.21 decejnancy		iπ
	Name:			E.FLORIE	_
	Office Address:	500 Knights Run Ave, #1311			
		Tampa	, Florida	33602	)
	gistered agent's accep			(Zip code)	
Ha	ving been named as re	egistered agent and to accept servi	ce of process for the above sta	ited limited liability company at t	he place
		tion, I hereby accept the appointnions of all statutes relative to the p			
		s of my position as registered age.		, .	
			$\sim \mathcal{A}$		
		(Registered	agent's signature)	<del></del> _	
8.	The name, title or capa Title or Capacity:	(Registered acity and address of the person(s) v		<del>-</del>	i
8.		acity and address of the person(s) v	vho has/have authority to mana	<del>-</del>	÷
8.	Title or Capacity:	acity and address of the person(s) v  Name and Address:  Sarah Pritchard  500 Knights Run Ave. A	who has/have authority to mana <u>Title or Capacity:</u>	<del>-</del>	<u> </u>
8.	Title or Capacity:	acity and address of the person(s) v <u>Name and Address:</u> Sarah Pritchard	who has/have authority to mana <u>Title or Capacity:</u>	<del>-</del>	<u>:</u>
8.	Title or Capacity:	acity and address of the person(s) v  Name and Address:  Sarah Pritchard  500 Knights Run Ave. A	who has/have authority to mana <u>Title or Capacity:</u>	<del>-</del>	<u>:</u>
8.	Title or Capacity:	acity and address of the person(s) v  Name and Address:  Sarah Pritchard  500 Knights Run Ave. A	who has/have authority to mana <u>Title or Capacity:</u>	<del>-</del>	<u>:</u>
	Title or Capacity: Member-Manager	acity and address of the person(s) v Name and Address; Sarah Pritchard 500 Knights Run Ave. A Tampa, FL 33602	who has/have authority to mana <u>Title or Capacity:</u>	<del>-</del>	<u>:</u>
	Title or Capacity:	acity and address of the person(s) v Name and Address; Sarah Pritchard 500 Knights Run Ave. A Tampa, FL 33602	who has/have authority to mana <u>Title or Capacity:</u>	<del>-</del>	<u>:</u>
(U	Title or Capacity:  Member-Manager  Se attachments if neces  Attached is a certificate	sary)  acity and address of the person(s) v  Name and Address;  Sarah Pritchard  500 Knights Run Ave. A  Tampa, FL 33602	vho has/have authority to mana  Title or Capacity:  7.3.11  s old, duly authenticated by the	Name and Address	s in the
(U 9. <sub>A</sub> juri	Title or Capacity:  Member-Manager  Se attachments if neces  Attached is a certificate	sary)  acity and address of the person(s) v  Name and Address;  Sarah Pritchard  500 Knights Run Ave. A  Tampa, FL 33602  sary)  of existence, no more than 90 day of which it is organized. (If the cer	vho has/have authority to mana  Title or Capacity:  7.3.11  s old, duly authenticated by the	Name and Address	s in the
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(U 9. / juri of t 10.	Title or Capacity:  Member-Manager  se attachments if neces  Mached is a certificate is diction under the law he translator must be so  This document is exec	sary)  acity and address of the person(s) v  Name and Address;  Sarah Pritchard  500 Knights Run Ave. A  Tampa, FL 33602  sary)  of existence, no more than 90 day of which it is organized. (If the coubmitted)	s old, duly authenticated by the tificate is in a foreign language.	Name and Address  cofficial having custody of record c, a translation of the certificate ur	s in the
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(U 9. / juri of t 10.	Title or Capacity:  Member-Manager  se attachments if neces  Mached is a certificate is diction under the law he translator must be so  This document is exec	sary)  of existence, no more than 90 day of which it is organized. (If the coubmitted)  uted in accordance with section 60 the Department of State constitute.	s old, duly authenticated by the tificate is in a foreign language.	Name and Address  cofficial having custody of record c, a translation of the certificate ur	s in the

Typed or printed name of signee

Control Number: 16115479

### STATE OF GEORGIA

## **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> S.E. Pritchard Law, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 15254579 Date Inc/Auth/Filed: 01/01/2017 Jurisdiction : Georgia Print Date : 02/02/2018

Form Number : 211



Brian P. Kemo Secretary of State