

M18000003349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

O SIMMONS

APR 09 2018



**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. Next Door Photos - North Tampa, 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. Michigan 3. \_\_\_\_\_  
(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. 126 E Main Avenue 6. PO Box 438  
(Street Address of Principal Office) (Mailing Address)  
Zeeland, Michigan 49464 Zeeland, Michigan 49464

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

Name: Eddy Isaac Morillo  
Office Address: 16401 Cypress Water Way, #805  
Tampa, Florida 33624  
(City) (Zip code)

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**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.*

Eddy Isaac Morillo  
(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>
<u>Eddy Isaac Morillo</u>	<u>16401 Cypress Water Way</u> <u>#805</u> <u>Tampa, FL 33624</u>	<u>Manager</u>	_____
<u>3DMia, LLC</u>	<u>c/o Paul Vander Kuyf</u> <u>126 E Main Avenue</u> <u>Zeeland, MI 49464</u>	<u>Member</u>	_____

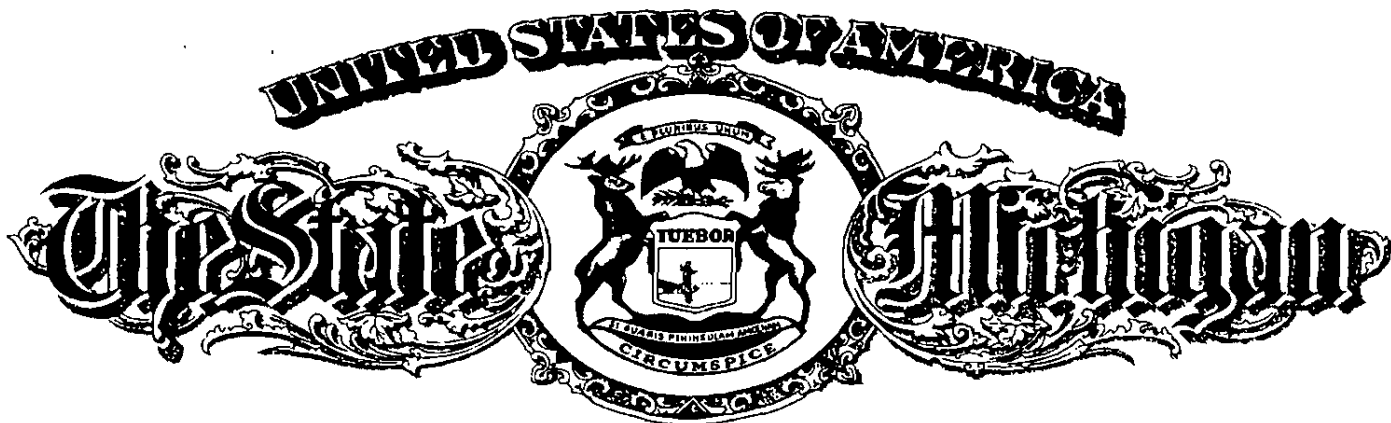
(Use attachments if necessary)

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.

Eddy Isaac Morillo  
9F660610C409450 Signature of an authorized person

Eddy Isaac Morillo, Manager  
Typed or printed name of signer



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**NEXT DOOR PHOTOS - NORTH TAMPA, LLC**

*was validly authorized on February 26 , 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 27th day of February , 2018.*

*Julia Dale, Director*

*Corporations, Securities & Commercial Licensing Bureau*

*Sent by electronic transmission*

**Certificate Number: 18023570190**

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.