M18000005211

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May 3, 2018

GENERAL CONSEL 6094 14TH STREET W PMP312 BRADENTON, FL 34207

SUBJECT: ANDARTA CAPITAL, LLC

Ref. Number: W18000041359

We have received your document for ANDARTA CAPITAL, 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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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: 918A00009098

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Andarta Capital, LL	.C				
SUBJECT		Name of I	.imited Liability C	Company		
					ansact Business in Florida," Cer v company to transact business	
Please return	all correspondence of	concerning this matter to the	following:			
	General Couns	el				
	_	Na	ame of Person			
	Andarta Capita	I. LLC				
	•	Fi	rın/Company			
	6094 14th Stree	et W. PMP 312				
	· · · · · · · · · · · · · · · · · · ·		Address			
	Bradenton, FL	34207				
		City/S	ate and Zip Code		·	
	andartacapital@	gmail.com				
		E-mail address: (to be used	I for future annual	report not	ification)	
For further in	nformation concernin	g this matter, please call:				
Ger	neral Counsel		941 at (877-06		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certif of Status & Certified Copy	icate

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:

	Limited Liability Company; must include "Lim	ned Liability Company." "L.L.C.," or "LL.C.")	
(If name mayarlable, enter afternate	name adapted for the purpose of transacting business in I	londa. The alternate name must include "Limited Liabilit	y Company," "L.L.C," or "LLC")
2. Delaware		3.	
(Junsdiction under the law of v	hich foreign limited liability company is organized;	(I'll number,	if applicable)
4. N/A			
4	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to deter	to registration)	
Audoma Comital III C			
5. Andarta Capital, LLC (Street Address of	Principal Office)	6. Andarta Capital, LLC (Mailing Address)
6094 14th Street W. P		6094 14th Street W. PMP 31.	
Bradenton, FL 34207		Bradenton, FL 34207	<u>ــــــــــــــــــــــــــــــــــــ</u>
			253 == -
7 Name and street addre	ss of Florida registered agent: (P.O. Bo	nx NOT acceptable)	15.5 15.4 15.4
7. Traine and garger addre	Capitol Corporate S	,	್ಲಿ 🐷 🗜
Name:			
Office Address:	515 East Park Ave.,	F1 2	.02E
	Tallahassee.	22201	29 10/a
	(City)	, Florida 32301 (Zip code)	_
to comply with the provis	ions of all statutes relative to the prop	as registered agent and agree to act in er and complete performance of my du	
to comply with the provis	tions of all statutes relative to the propers of my position as registered agent. Duanic Cas	Let and complete performance of my du	ties, and I am familiar with
to comply with the provis	tions of all statutes relative to the prop is of my position as registered agent.	Let and complete performance of my du	ties, and I am familiar with
to comply with the provis and accept the obligation	tions of all statutes relative to the propers of my position as registered agent. Duanic Cas	Delanie Case, asst	ties, and I am familiar with
to comply with the provisand accept the obligation 8. The name, title or cap	sions of all statutes relative to the propose of my position as registered agent. (Registered agent pacity and address of the person(s) who	Delanie Case, asst	tics, and I am familiar with
to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ions of all statutes relative to the proper of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	Delanie Case, asst	tics, and I am familiar with
to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ions of all statutes relative to the proper of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	Delanie Case, asst	tics, and I am familiar with
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to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	ions of all statutes relative to the proper of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	Delanie Case, asst	tics, and I am familiar with
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to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Sole Member	ions of all statutes relative to the propers of my position as registered agent. Description Case (Registered agent) (Regist	Delanie Case, asst	tics, and I am familiar with
to comply with the provisand accept the obligation 8. The name, title or capacity: Sole Member (Use attachments if nece	sions of all statutes relative to the propers of my position as registered agent. Light Case (Registered agent) (Registered agent) pacity and address of the person(s) who Name and Address: Andarta Management, LLC	Delanie Case, asst (sugmature) has/have authority to manage is/are: Title or Capacity:	Sec. Same and Address:
to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Sole Member (Use attachments if nece 9. Attached is a certificat jurisdiction under the law	sions of all statutes relative to the propers of my position as registered agent. Case (Registered agent) (Registered agent) active and address of the person(s) who Name and Address: Andarta Management, LLC ssary) e of existence, no more than 90 days ofter of which it is organized. (If the certific	Delanie Case, asst	Sec. Name and Address:
8. The name, title or cap Title or Capacity: Sole Member (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be: 10. This document is exe	sions of all statutes relative to the propers of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address: Andarta Management, LLC assary) The of existence, no more than 90 days of the of which it is organized. (If the certific submitted) The Department of State constitutes a control of the Department of State constitutes a	Delanie Case, asst (a signature) has/have authority to manage is/are: Title or Capacity: d. duly authenticated by the official havi rate is in a foreign language, a translation (103 (1) (b), Florida Statutes, I am aware third degree felony as provided for in state is in a foreign language.	ng custody of records in the nof the certificate under oath
8. The name, title or cap Title or Capacity: Sole Member (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be: 10. This document is exe	ssary) e of existence, no more than 90 days old of which it is organized. (If the certific submitted) ecuted in accordance with section 605.02	Delanie Case, asst (a signature) has/have authority to manage is/are: Title or Capacity: d. duly authenticated by the official havi rate is in a foreign language, a translation (103 (1) (b), Florida Statutes, I am aware third degree felony as provided for in state is in a foreign language.	Sec. Name and Address: ng custody of records in the nof the certificate under oath that any false information

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANDARTA CAPITAL, 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 FIFTH DAY OF MARCH, A.D. 2018.

6775130 8300 SR# 20181695926

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

Jeffrey W. Busioca, Secretary of State

Authentication: 202258350

Date: 03-05-18