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Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: Registration Section Division of Corporations

Loading Dock 2 LLC

Tonya Cosgiove

SUBJECT:

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:

Name of Person Loading Dock 2 LLC Firm/Company 5410 Pioneer Park Blvd., Suite E Address Tampa, FL 33634 City/State and Zip Code tcosgrove@southeastcolor.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 813 _ at (_____ Tonya Cosgrove 202-8060 ext. 42 Area Code Name of Contact Person Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: **Division of Corporations Division of Corporations Registration Section Registration Section** P.O. Box 6327 **Clifton Building** Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & 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:

L Loading Dock 2 LLC

	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LI.C."		
2. Delaware		3. 83-1026344		
(Jurisdiction under the law of w	aider the law of which foreign limited liability company is organized) (FEI number, if applicable)			
4 June 1, 2018				
	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605.0905, F.S. to det	ar to registration) lemmine penalty liability)		
5 5410 Pioneer Park Blvd., Suite E		6. 5410 Pioneer Park Blvd., Suite E		
(Street Address of Principal Office)		(Mailing Address)		
Tampa, FL 33634	······	Tampa, FL 33634		
 Name and <u>street addres</u> Name: 	ss of Florida registered agent: (P.O. E Corporation Services Company	Box NOT acceptable)		
Office Address:	1201 Hays Street			
	Tallahassee			
		Florida 34301		
	(City)	, Florida <u>32301</u>		
designated in this applica to comply with the provis	(City) Enance: Egistered agent and to accept service thion, I hereby accept the appointmen ions of all statutes relative to the pro- is of my position as registered agent	(Zip code) of process for the above stated limited liability capitany at the part of a sregistered agent and agree to act in this capicity. I further, per and complete performance of my duties, and I am familiar Loanne Jensen Asst Secretary		
Having been named as r designated in this applica to comply with the provis and accept the obligation	(Cay) Dance: egistered agent and to accept service ttion, I hereby accept the appointmen ions of all statutes relative to the proj is of my position as registered agent (Reported age	(Zip code) of process for the above stated limited liability company at the part as registered agent and agree to act in this capacity. I further, per and complete performance of my duties, and I am familiar Leanne Jensen Asst Secretary		
Having been named as r designated in this applica to comply with the provis and accept the obligation	(City) Enance: Egistered agent and to accept service thion, I hereby accept the appointmen ions of all statutes relative to the pro- is of my position as registered agent	(Zip code) of process for the above stated limited liability company at the part as registered agent and agree to act in this capacity. I further, per and complete performance of my duties, and I am familiar Leanne Jensen Asst Secretary		
Having been named as re designated in this applica to comply with the provis and accept the obligation 8. The name, title or cap	(City) Dance: egistered agent and to accept service thion, I hereby accept the appointmen- ions of all statutes relative to the pro- is of my position as registered agent. (Reguered agent acity and address of the person(s) who	(Zip code) of process for the above stated limited liability company at the part of a gree to act in this capacity. I further, per and complete performance of my duties, and I am familiar Leanne Jensen Asst Secretary on has/have authority to manage is/are: <u>Title or Capacity:</u> Name and Address:		
Having been named as ra designated in this applica to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	(City) otance: egistered agent and to accept service - ition, I hereby accept the appointmen- ions of all statutes relative to the pro- is of my position as registered agent (Reported agent (Reported agent acity and address of the person(s) who <u>Name and Address</u> : <u>Thomas F. O'Reilly</u> <u>5410 Pioneer Park Blvd St</u>	(Zip code) of process for the above stated limited liability company at the part of a gree to act in this capacity. I further, per and complete performance of my duties, and I am familiar Leanne Jensen Asst Secretary on has/have authority to manage is/are: <u>Title or Capacity:</u> Name and Address:		

(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.

Signature of an nuthorized person

Thomas	F.	O'R	eilly.

lyped or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "LOADING DOCK 2 LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF JUNE, A.D. 2018, AT 12:47 O'CLOCK P.M.



6795543 8100 SR# 20184999402

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

filled 4, Secretary of State

Authentication: 202836093 Date: 06-06-18

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOADING DOCK 2 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 SIXTH DAY OF AUGUST, A.D. 2018.



. Secretary

Authentication: 203197833 Date: 08-06-18

Page 1

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SR# 20186020754 You may verify this certificate online at corp.delaware.gov/authver.shtml