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5 COVER LETTER

	Registration Section Division of Corporation	s			
SUBJEC	т: <u>С</u> С	AMPER LL C Name of	Limited Liability C	ompany	
					nsact Business in Florida," Certificate of company to transact business in Florida.
Please ret	urn all correspondence c	oncerning this matter to the	following:		
	MI	CHEL DE AMOI	AIM lame of Person		
	DRI	MMOND CPA	LLC irm/Company	· · · · · · ·	
	601 BA	ICKELL KEY	. ,	<u> 1</u>	
	MIAMI	, FL 33131 City/S	State and Zip Code	 ;	
		M Q R / MM ON (E-mail address: (to be use	CPALLC. CC) M report noti	fication)
For further	er information concerning				
-	MTCHEL DE Name o	AMORIM f Contact Person	at (<u>781</u> Area Code) }}	2-005 time Telephone Number
]] [MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclosed J	is a check for the follow Z \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



May 7, 2018

MICHEL DE AMORIM DRUMMOND CPA LLC 601 BRICKELL KEY DR, STE 901 MIAMI, FL 33131

SUBJECT: CLAMPER LLC Ref. Number: W18000042562

We have received your document for CLAMPER LLC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 218A00009402



May 24, 2018

MICHEL DE AMORIM DRUMMOND CPA LLC 601 BRICKELL KEY DR, STE 901 MIAMI, FL 33131

SUBJECT: CLAMPER LLC Ref. Number: W18000042562

We have received your document for CLAMPER LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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: 618A00010924

Jenna D Harris Regulatory Specialist II

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CLAMPERI 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 "L.L.C.") NELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Flonds, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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 familiat with . and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: MGRA (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.

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CLAMPER 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2018.

MIN JUL -9 PH 3: 14

Authentication: 202\$73692

Date: 04-24-18