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Special Instructions to Filing Officer:	

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ONS



TO: **Registration Section Division of Corporations**

L & S Management and Consulting LLC

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:

Lennox Smith

Name of Person

L & S Management and Consulting LLC

Firm/Company

2751 Sunrise Lake Dr E Apt 107

Address

Sunrise FL 33322

City/State and Zip Code

Lsconsultinggroup954@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS:	<u>S</u>	TREET ADDRESS:	
Division of Corporations	D	ivision of Corporations	
Registration Section	R	egistration Section	
P.O. Box 6327	C	lifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle		
	Т	allahassee, FL 32301	

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee. Certificate of Status & Certified Copy

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

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of the translator must be submitted)

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:

	f Consulting LLC Limited Liability Company; must include "Lin	aited Liabilit	y Company," "L.L.C.," or "LLC.")
2 & S Management and C				
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida. The a	ilternate name must include "Limited Lu	ability Company," "L.L.C," or "LLC.")
Colorado		3.		
(Jurisdiction under the law of wh	hich foreign limited hability company is organized)		(FEI nur	ber, it applicable)
	(Date first transacted business in Florida, if pro (See sections 605/0904 & 605/0905, F.S. to det	r to registration emaine penalty	n) Tiability)	
2751 Sunrise Lake Dr	Apt 107	6	Same	
. (Street Address of F	mncipal Office)	v,	(Mailing Ad	dress)
Sunrise FI 33322				
				- or 6
				EC. T
Numa and straat addres	ss of Florida registered agent: (P.O. B	IN NOT	accentable)	FILLE H 30
. Name and <u>successiones</u>		104 <u>1101 -</u>	acceptable)	
Name:	Lennox Smith			57 O 1
	2751 Sunrise Lake Dr Apt 107			ET ON R
Office Address:	2701 Sumse Pare Dr. ripe 107			The w
	Sunrise		, Florida <u>33322</u>	
	- (City)		(Zip co	
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iuving been numeu us re	gistereu ugent unu to uccept service	oj process u ne radiet		e in this comparis I further a
esignated in this applica	tion, I hereby accept the appointmen	и по тедізі	terea agent ana agree to ac	і іп іпіх сарасну. Т затіпет аз
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o comply with the provisi	tion, I hereby accept the appointmen ions of all statutes relative to the proj s of my position as registered agont.	n us regisi per and co D	terea agent and agree to ac omplete performance of my A	e duties, and I am familiar with
o comply with the provisi	ions of all statutes relative to the proj	n us regisi per and co nut Smit	terea agent and agree to ac omplete performance of my	th this capacity. I further a
o comply with the provisi	ions of all statutes relative to the proj	ner and co	mplete performance of my	e duties, and I am familiar wi
o comply with the provisi nd accept the obligation.	ions of all statutes relative to the pro- s of my position as registered agent. (Registered agent	ner and co mini- net's signature)	mplete performance of my	e duties, and I am familiar wi
o comply with the provisi nd accept the obligation. 8. The name, title or capa	ions of all statutes relative to the pro- s of my position as registered agent. (Registered agent acity and address of the person(s) who	ner and co maint's signature) has/have	authority to manage is/are:	duties, and I am familiar wi
o comply with the provision and accept the obligation. 8. The name, title or capa <u>Title or Capacity:</u>	ions of all statutes relative to the pro- s of my position as registered agent. (Registered agen acity and address of the person(s) who <u>Name and Address:</u>	ner and co maint's signature) has/have	mplete performance of my	Mame and Address:
o comply with the provisi nd accept the obligation. 8. The name, title or capa	ions of all statutes relative to the pro- s of my position as registered agent. (Registered agen acity and address of the person(s) who <u>Name and Address:</u> Lennox Smith	or and co matrix sugnature) () has/have T	authority to manage is/are:	duties, and I am familiar wi
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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.

itted in a document to the Department of State c	onstitutepa thirdedgree felony as provided for in s.817.155, F.S.	
Lennox Smith		

Lyped or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I. Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

L&S Management and Consulting LLC

is a

Limited Liability Company

formed or registered on 05/05/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061186172.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/28/2018 that have been posted, and by documents delivered to this office electronically through 07/02/2018 @ 20:02:40.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/02/2018 @ 20:02:40 in accordance with applicable law. This certificate is assigned Confirmation Number 10987168



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Secretary of State of the State of Colorado

<u>Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective</u>. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us.biz.CertificateSearchCuteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <u>Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate</u>. For more information, visit our Web site, http:// www.sos.state.co.us.click."Businesses, trademarks, trade names" and select "Frequently Asked Questions,"