11800006859

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
 	16652			

Office Use Only



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July 21, 2018

MARK CASEY 511 S. MAGNOLIA AVE SANFORD, FL 32771

SUBJECT: M AND E HOLDINGS LLC

Ref. Number: W18000066652

We have received your document for M AND E HOLDINGS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company, Sthe abbreviation "L.L.C.," or the designation "LLC." The following suffixes and longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Limited Company," "L.C.," and "Co.", also are no longer acceptable.

The document number of the name conflict is P97000035519, L050000515 L07000060857.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 718A00014996

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	and El-	Folding S f Limited Liability Company	LLC
			ransact Business in Florida," Certificate of ty company to transact business in Florida
Please return all corresponde	ence concerning this matter to th	e following:	
	Mark C	asey Name of Person	
M	and El	toldings Firm/Company	LLC
.5_1	15. Magi	nolia Aue	7 3 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
_50	unford Fl	33771 State and Zip Code	AHASSE AHASSE
}	Mcasey 9	2033 Q a co	Com 69 5 5 continued in the continued in
For further information cone	erning this matter, please call:		>
Mart	Casey nme of Contact Person	at (360) 2 Area Code Da	59-9383 ytime Telephone Number
MAILING ADDR Division of Corpora Registration Section P.O. Box 6327 Tallahassee, FL 321	ations n	Division Registra Clifton E 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclosed is a check for the fi □ \$125.00 Filing F	•	☐ \$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

IN COMPLIANCE WITH SECTION COMPANY TO TRANSACT BUSINE	I 605.0902, FLORIDA STATUTES, THE F ESS INTHE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGIS	TER A FOREIGN LIMITED LIABILITY
1. Mand	E Holding S	ed Liability Company," "L.L.C.," or "Ll.C.	
M and E	HOLDINGS OF Equipment of the purpose, of transplicting business in Fig.	Sinford LLC	inhility Company," "L.L.C," or "LLC.")
2. Washing	reign limited liability company is organized)	3. 76-563	mber, if applicable)
4. July	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration)	
5. 2608 Scot	Hac Orsw	6. 5)/ 5 Mag	nolia Aue
Diamer rough	98512	Santard F	32771
7. Name and street address of	Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	
Name:	Mark Casey		
Office Address:	511 S (Ylagnalia	17ve 277	71
<u></u> -	XV(170(12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Florida 52/	<u>/ / l</u>
to comply with the provisions	I hereby accept the appointment of all statutes relative to the proper my position as registered agent. (Registered agent's	r and complete performance of my	t in this capacity. I further agree : duties, and I am familiar with
8. The name, title or capacity Title or Capacity:	and address of the person(s) who have and Address:	as/have authority to manage is/are: Title or Capacity:	Name and Addres
Manuger	Mark Cuscy 5113 Magrafian Sanford El 3277	<u>.</u> e	AHE SSE
Member/manger	Elicabeth Casey		
(Use attachments if necessary)) ,		٠,٠
9. Attached is a certificate of e jurisdiction under the law of w of the translator must be submit	xistence, no more than 90 days old, hich it is organized. (If the certifica itted)	duly authenticated by the official lete is in a foreign language, a transla	naving custody of records in the ation of the certificate under oath
10. This document is executed submitted in a document to the	in accordance with section 605.020 Department of State constitutes a th	3 (1) (b), Florida Statutes, I am awaird degree felony as provided for in	are that any false information a s.S17.155, F.S.
	Signature	e of an authorized person	
	Mark Ci	ascul	



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

M AND E HOLDINGS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/18/2014.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/29/2018

UBI Number: 603 385 445

Orver unite my hand and the Seal of the Stat. of Washington at Olympia, the State Capital

Jona Woman, Secretary of State

Tun Ulgna

Date Is used, 06/26/2018



TO THE OWNER OF