M1800007522

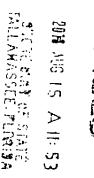
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(en)reacozipi none ii)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Secument Names)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Line 1 corrected to match name on certificate and to add alternate name on second line. Record updated by mmilligan on 02/08/2019





200316273992

07/31/18--01809--004 **125.00



AUG 15 2018 M. SOLOMON

TO:	Registration Section
	Division of Corporations

SUBJECT: WEB PRESENCE (NEVADA), LLC

Certificate of Status

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:

	2				
Yvette Miranda					
N	ame of Person				
WEB PRESENCE (WEB PRESENCE (NEVADA), LLC				
F	irm/Company				
P.O. Box 4470					
	Address				
Stateline, NV 89449	9-4470				
City/S	itate and Zip Code				
support@nevadaCR	A.us				
E-mail address: (to be use	d for future annual	report no	tification)		
further information concerning this matter, please call:					
Yvette Miranda	775 at (322	2-5062		
Name of Contact Person	Area Code		vtime Telephone Number		
MAILING ADDRESS:			r address:		
Division of Corporations Registration Section	Division of Corporations Registration Section				
P.O. Box 6327					
Tallahassee, FL 32314			ecutive Center Circle see, FL 32301		
losed is a check for the following amount:					
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	□ \$155.00 Filin	g Fee &	☐ \$160.00 Filing Fee.		

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:

- WEB PRESENCE (I	vevada), ll e			
(Name of Foreign WEB PRESENCE (N	Limited Liability Company; must include "Limited	Liabilit	y Company," "L.L.C.," or "LLC.")	
	ame adopted for the purpose of transacting business in Florid	da, The a	Remate name must include "Limited Liabi	lity Company," "L.1. C," or "LLC.")
2. Nevada		3.	47-1844050	
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI numbe	r, if applicable)
4. Upon Registration/0				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration e penalty	t.) liability)	
5. WEB PRESENCE (NEVADA), LLC		6.	WEB PRESENCE (NEV	•
(Street Address of Principal Office) 297 Kingsbury Grade, Suite 100			P.O. Box 4470	(55)
Stateline, NV 89449			Stateline, NV 89449-447	0
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u> TON</u>	acceptable)	
Name:	Northwest Registered Agent, LLC.			2012
Office Address:	3030 N. Rocky Point Dr. STE 150A	4		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Tampa		, Florida 33607	(S) = -
to comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent.	and co	mplete performance of my d	utles; and fam familiar with
	(Registered agent's si	gnature)		
8. The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who has <u>Name and Address:</u>		authority to manage is/are: itle or Capacity:	Name and Address:
Manager	ARCANUS MANAGEMENT CORP.			
	Apanado 0816-00386 Panamá, República de Panamá		_	
	- drama, repositor de 7 drama			
		_		
(Use attachments if neces	sary)			
	of existence, no more than 90 days old, dof which it is organized. (If the certificate ubmitted)			
	uted in accordance with section 605.0203 the Department of State constitutes a thir ARCHAIL MANAGEMENT CORP, MORGAR BY COGNICAR GUART PRINGERS IN THE PRESIDENT CORP.	rd degi e . ਨਾਵ -ਵਾਹਤ	ree felony as provided for in s डोक्स्का	
	Signature o	f an auth	orized person	

Typed or printed name of signee

Yvette Miranda, Vice President

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **WEB PRESENCE**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 10, 2014, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 16, 2018.

Ballons K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180716-0511



August 6, 2018

YVETTE MIRANDA PO BOX 4470 STATELINE, NV 89449-4470

SUBJECT: WEB PRESENCE, LLC Ref. Number: W18000071300

We have received your document for WEB PRESENCE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6052.

Letter Number: 518A00016144

Mel Solomon Regulatory Specialist II Supervisor