M180000007851

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600317082376

Deviation Francisco 11 11 11 11 12 12

2010 AUG 20 PH 2: 49
SEUNE TARY OF STATE
TATE AND SEFFE OR OR OA

ANG 25 2018

COVER LETTER

TO:	Registration Section Division of Corporation	18						
CUBI	cr	Colonia	l Ghosts LLC					
SUBJ	ECT:	Name of	Limited Liability C	ompany			-	
The er Existe	iclosed "Application by For nee, and check are submitte	eign Limited Liability Comp d to register the above refere	pany for Authorizat enced foreign limit	ion to Tra ed liability	nsact Business in company to tran	ı Florida, ısact busi	" Certi ness in	ificate of i Florida.
Please	return all correspondence of	concerning this matter to the	following:					
		Vic	toria Goldsby					
		N	ame of Person				-	
		Color	nial Ghosts LLC					
		Fi	irm/Company				-	
		1006 Richr	mond Road, STE	300				
			Address				~	
		Willian	nsburg/VA 23185			VLLA SECRE	2018 AUG	7
		City/S	tate and Zip Code			ASS.	3 20	
			@iworksllc.com			<u> </u>	_ @E	
For fu	rther information concerning	E-mail address: (to be used by this matter, please call:	d for future annual	report not	ification)	20180 J	8 ti :Z	O
	Victor	ia Goldsby	757 at (`	310-2042			
	Name o	of Contact Person	Area Code	Day	time Telephone i	Number	-	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding centive Center Cir see, FL 32301	rcle		
Enclos	sed is a check for the follow \$125.00 Filing Fee	ring amount: \$\Boxed{\subset} \\$130.00 \text{Filing Fee & Certificate of Status}	☐ \$155,00 Filin Certified Copy	g Fee &	□ \$160.00 Fili of Status & Ce			cate

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Counce of 1 oldin	Limited Liability Company, must include "Lin	and amoning Co	and the second second second	•
(It na	me unavailable, enter alternate n	name adopted for the purpose of transacting business in	i Florida. The alterna	ite name must include "Limited Lia	bility Company," "L L C," or "LLC")
2. V	Villiamsburg City	VA	3. 8	1-4144190	
_	(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI num	ber, if applicable)
4					
•		(Date first transacted business in Florida, if pric (See sections 605 0904 & 605 0905, F.S. to det		hiy)	
5.		STE 300, Williamsburg, VA 23185	6. <u>10</u>		300, Williamsburg, VA 23185
_	(Street Address of I	Principal Office)	_	(Mailing Add	ress)
-	N				
/. ı	Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. I Registered Agents Inc.	SOX <u>NOT</u> acce	——	
	Office Address:	3030 N. Rocky Point Dr. STE 15	60A		
		Tampa		. Florida <u>33607</u>	
		(City)		(Zip coc	de)
desi to c	ignated in this application omply with the provision.	tion, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agent.	nt as registered per and comp	d agent and agree to act	
desi to c and	ignated in this application omply with the provis. I accept the obligation. The name, title or capa	ation, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agent. (Registered age acity and address of the person(s) who	nt as registered per and composition of the composi	d agent and agree to act lete performance of my bority to manage is/are:	in this capacity. I further ag duties, and I am familiar with
desi to c and	ignated in this application omply with the provise accept the obligation. The name, title or capacity:	ation, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address:	nt as registered per and composition of the composi	d agent and agree to act lete performance of my	in this capacity. I further agi
desi to c and	ignated in this application omply with the provis. I accept the obligation. The name, title or capa	ation, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address: Victoria Goldsby	nt as registered per and composition of the composi	d agent and agree to act lete performance of my bority to manage is/are:	in this capacity. I further ago duties, and I am familiar with Mame and Address:
desi to c and	ignated in this application omply with the provise accept the obligation. The name, title or capacity:	ation, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address:	nt as registered per and composition of the composi	d agent and agree to act lete performance of my bority to manage is/are:	in this capacity. I further ago duties, and I am familiar with with the last section with last section with the last section with the last section with th
desi to c and	ignated in this application omply with the provise accept the obligation. The name, title or capacity:	acity and address of the person(s) who Name and Address: Victoria Goldsby 620 Spruce Road, Newport News VA 2	nt as registered per and composition of the composi	d agent and agree to act lete performance of my bority to manage is/are:	in this capacity. I further ago duties, and I am familiar with Mame and Address:
desi to c and	ignated in this application omply with the provisible accept the obligation. The name, title or capacity: Manager	acity and address of the person(s) who Name and Address: Victoria Goldsby 620 Spruce Road, Newport News VA 2	nt as registered per and composition of the composi	d agent and agree to act lete performance of my bority to manage is/are:	in this capacity. I further ago duties, and I am familiar with Mame and Address:
desi to c and 8.	ignated in this application omply with the provisible accept the obligation. The name, title or capacity: Manager	Acity and address of the person(s) who Name and Address: Victoria Goldsby 620 Spruce Road, Newport News VA 2 Lance Zaal PO Box 5757, Williamsburg, VA 23188	nt as registered per and composition of the composi	d agent and agree to act lete performance of my bority to manage is/are:	in this capacity. I further again this capacity. I further again duties, and I am familiar with Mame and Address:
desi to c and 8.	ignated in this application omply with the provisible accept the obligation. The name, title or capatite or Capacity: Manager Owner Se attachments if necessattached is a certificate.	Registered age (Registered agent. (Registere	at as registered per and composition of the composi	d agent and agree to act lete performance of my bority to manage is/are: or Capacity:	Name and Address: Name and Addr
desito c and 8. (U: 9, A juri of t	ignated in this applicationally with the provisional accept the obligation. The name, title or capative or Capacity: Manager Owner Owner Se attachments if necessatisched is a certificate sdiction under the law the translator must be some or the company of	Registered age (Registered agent. (Registere	the as registered per and composition of the superior of the s	d agent and agree to act lete performance of my hority to manage is/are: or Capacity: nticated by the official hareign language, a translatorida Statutes. I am awa	Name and Address: Name and Address: SSACE PORT OF THE PORT OF T
desito c and 8. (U: 9, A juri of t	ignated in this applicationally with the provisional accept the obligation. The name, title or capative or Capacity: Manager Owner Owner Se attachments if necessatisched is a certificate sdiction under the law the translator must be some or the company of	Action, I hereby accept the appointmentions of all statutes relative to the property of my position as registered agent. (Registered agent.) (Registered a	the as registered per and composition of the superior of the s	d agent and agree to act lete performance of my bority to manage is/are: or Capacity: Inticated by the official hareign language, a translated by the official hareign language. I am awa felony as provided for in	Name and Address: Name and Address: SSACE PORT OF THE PORT OF T

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Colonial Ghosts, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is October 4, 2016; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: August 1, 2018

Joel H. Peck, Clerk of the Commission