## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for formreco annual report mailings. Enter only one email address please.\*\*

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### Foreign Limited Liability Company SOUTHERN LITHO X LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

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7 2018 9/6/2018

#### COVER LETTER

| TO: Registration Section Division of Corporations   |                        |
|---|------------------------|
| SUBJECT: Southern Litho X LLC  Name of Limited Liability Company  |                        |
| The enclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. | e of<br>r <b>ida</b> . |
| Please return all correspondence concerning this matter to the following:   |                        |
| Alesia Hurskaya Name of Person  |                        |
| Capitol Services - Corporate Filings Team Pinn/Company  |                        |
| 515 East Park Avenue 2nd Fl Address   |                        |
| Tallahassee FL 32301  City/State and Zip Code   |                        |
| elesia@northernlitho.com  E-mail address: (to be used for future annual report notification)  |                        |
| For further information concerning this matter, please call;  |                        |
| Alesia Hurskaya at ( 239 ) 260-3136  Name of Contact Person Area Code Daytime Telephone Number  |                        |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahasace, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahasace, FL 32301                                 |                        |
| Enclosed is a check for the following amount:  S125:00 Filing Fee \$\bigcup \frac{1}{3}\$130.00 Filing Fee & \$\bigcup \frac{1}{3}\$155.00 Filing Fee & \$\bigcup \frac{1}{3}\$160.00 Filing Fee, Certificate of Status & Certified Copy of Status & Certified Copy   | ;                      |

## 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 FOREXCIN-LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Southern Litho X LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.") sed for the purpose of transacting business in Florids. The absentes room axist factures "Lineared Linksky Company," "LLC," or "LLC," or "LLC," Delaware (Jurisdiction under the law of which larger limited liability company is organized) 4. 9/15/2018 ((but first transcend business as Florids, if prior in againment) (See sections 603,0904 & 605,0905, F.S. to determine penalty infeliety) 6. 9010 Strada Stell Ct 103, Naples FL 34109 5. 9010 Strada Stell Ct 103, Naples FL 34109 (Mailing Address) (Serect Address of Principal Office) 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Northern Litho, Inc. Name: 9010 Strada Stell Ct 103 Office Address: Naples 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 familiar with and accept the obligations of my position as registered agent. Daniel Conley on behalf of Northern Litho, Inc. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Daniel Conley Managing Member 9486 Gulf Shore Dr 202 Naples, FL 34109 (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. Daniel Conley Typed or prisend name of signal

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOUTHERN LITHO X 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 SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHERN LITHO X LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

7045508 8300 SR# 20186529384

You may verify this certificate online at corp.delaware.gov/authwer.shtml

MSIC

Authentication: 203373309

Date: 09-06-18