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(Requ	estor's Name)
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	ime)
(Docu	ment Number	·)
Certified Copies	Certificate	es of Status
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N CULLIGANI SEP 1 0 ZGG

COVER LETTER

	ration Section n of Corporatio	ns				
SUBJECT:	SINNAT	`L.L.C				
		Name of I	Limited Liability	Company		
		reign Limited Liability Comp ed to register the above refere				
Please return all	correspondence	concerning this matter to the	following:			
		Jonathan Jackson				
		Na	ime of Person			
		SINNAT L.IC.,				
		Fi	rm/Company			
		2407 Adrian Avenue				
			Address			
		Largo, FL 33774-1602				
		City/St	ate and Zip Code			
	jetsjon	athan@yahoo.com				
		E-mail address: (to be used	for future annua	report not	ification)	
For further infor	mation concerning	g this matter, please call:				
J	onathan Jackson		949 at (689-40	78	
	Name (of Contact Person	Area Code	Day	time Telephone Number	
Divisio Registri P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle ec, FL 32301	
Enclosed is a che	eck for the follow i.00 Filing Fee	ring amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Cer of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2018

JONATHAN JACKSON 2407 ADRIAN AVENUE LARGO, FL 33774

SUBJECT: SINNAT L.L.C. Ref. Number: W18000078916

We have received your document for SINNAT L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

Letter Number: 518A00018167

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

(Name of Foreign			/) n.
	Limited Liability Company; must include "Limi	ited Liability Company," "L.L.C.," or "Ll	C.^)
name mavailable, enter alternate i	name adopted for the purpose of transacting business in I		ed Liability Company," "L. I. C," or "LLC ")
DELAWARE (DE	hich foreign limited liability company is organized)	3.	number, if applicable)
(Jurisdiction under the law of w	лист точенда штивы изониту сотрату из отружилеся)	(Fr.	number, if applicable)
N/A	(Date first transpared business in Florida, if nown	to constration)	
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter		
2407 Adrian Avenue		6. 2407 Adrian Avenu	g Address)
Largo, FL 33774-1		Largo, Fl. 33774-1	
			2018:
			AHA THE PROPERTY OF THE PROPER
Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	AR)
Name:	Jonathan Jackson		<u> </u>
	2407 Adrian Avenue		PM (
O.05 A. L.1			ω
Office Address:	-		3: 1 (081
gistered agent's acceptiving been named as resignated in this applications with the provis	Largo, FL (City)	f process for the above stated lin as registered agent and agree to	nited liability company at the placet in this capacity. I further
gistered agent's acceptiving been named as resignated in this applications of the provision	Largo, FL (Cny) otance: egistered agent and to accept service of ution, I hereby accept the appointment ions of all statutes relative to the proposis of my position as/registered affent.	f process for the above stated lin as registered agent and agree to er and complete performance of	nited liability company at the placet in this capacity. I further
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Typed or printed name of signer

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SINNAT 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 TENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SINNAT LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2018.

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

Authentication: 203387764

Date: 09-10-18

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