

M18000009383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

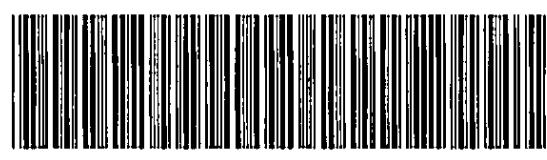
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert, name match w/ 18-87757

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FLORIDA DEPARTMENT OF STATE
Division of Corporations250
245
6030

October 2, 2018

LORETO DAMIANO
6017 PINE RIDGE RD. #147
NAPLES, FL 34119

SHIKUCASI LLC

SUBJECT: SHIKUCASI LLC
Ref. Number: W18000087757

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

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 618A00020516

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



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SR# 20187135661

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

Authentication: 203608920

Date: 10-15-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHINKUCASI LLC
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:

LORETO LARRY DAMIANO
Name of Person

Firm/Company

6017 Pine Ridge Rd #147
Address

NAPLES FL 34119
City/State and Zip Code

LLDLLD@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY DAMIANO at (239) 298-2392
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SHINKUCASI LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-1994119
(FEI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))
5. 6017 Pine Ridge Rd #147
(Street Address of Principal Office)
Naples FL 34119
6. 6017 Pine Ridge Rd #147
(Mailing Address)
Naples FL 34119

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LORETO LARRY DAMIANO

Office Address: 6017 Pine Ridge Rd #147
NAPLES, Florida 34119
(City) (Zip code)

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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|--------------------------------|--------------------|-------------------|
| <u>MANAGER</u> | <u>LORETO LARRY DAMIANO</u> | <u>MANAGER</u> | |
| | <u>6017 Pine Ridge Rd #147</u> | | |
| | <u>Naples FL 34119</u> | | |
| | | | |
| | | | |
| | | | |

(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 605.0208 (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.

Signature of an authorized person

Typed or printed name of signer

LORETO LARRY DAMIANO

FILED
OCT 15 AM 8:11

Delaware

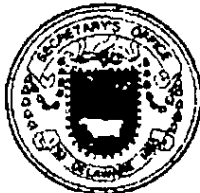
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHINKUCASI 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 FIFTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHINKUCASI LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2018.

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



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SR# 20187135661

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203608920

Date: 10-15-18