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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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Special Instructions to	Filing Officer:	-
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FILED

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2018

JEAN-PAUL CASAUBON 11955 S LONGS BLUFF WAY PARKER, CO 80134

SUBJECT: CAZCO, LLC

Ref. Number: W18000096163

We have received your document for CAZCO, 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 registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 718A00022579 —

#### **COVER LETTER**

TO:

		istration Section ision of Corporation	s						
SUBJEC		Cazco, LLC							
SOPALC	υ1;		Name of	Limited Liability C	Company				
The enclo Existence	osed e, an	"Application by Ford d check are submitted	eign Limited Liability Com I to register the above refer	pany for Authoriza renced foreign limit	tion to Trai ed liability	nsact Business in F company to transa	lorida," C act busine	Certific ss in F	cate of Horida
Please re	turn	all correspondence co	oncerning this matter to the	e following:					
		Jean-Paul Cas	aubon						
		<del></del>	4	lame of Person					
		Cazco, LLC							
			]:	irm/Company					
		11955 S Longs	s Bluff Way			:		<b>.</b>	
				Address				)) 14 18	·-;¬
		Parker, CO 80	)134					<u> </u>	
			City/	State and Zip Code			-	9	in
		jp@jpcasaubon.					·	> ়	J
			E-mail address: (to be use	ed for future annual	report noti	fication)		 	
For furth	er in	formation concerning	g this matter, please call:				••		
	Jea	n-Paul Casaubon		303 at (	489-86				
		Name o	Contact Person	Area Code	Dayı	time Telephone Nu	ımber		
	Divi Regi P.O.	ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section ailding cutive Center Circles, FL 32301	le		
		check for the following 125.00 Filing Fee	ing amount:  \$\Boxed\$ \$\\$130.00\$ Filing Fee &  Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	□ \$160.00 Filing of Status & Certi			te

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate r	same adopted for the purpose of transacting business in	Florids. The alternate name must include "Limited Liability Company,"	""L L C," or "LLC.")
Colorado, USA		3 38-4051866	
·	hich foreign limited liability compiny is organized)	(FEI number, if applicable)	)
N/A			
·	(Date first transacted business in Florida, if pric (See sections 605.0904 & 605.0905, F.S. to de	r to registration.) ermine penalty liability)	
11955 S Longs Bluff		6 11955 S Longs Bluff Way	
(Street Address of		(Mailing Address)	
Parker, CO 80134		Parker, CO 80134	
		· · · · · · · · · · · · · · · · · · ·	P3:
Name and street address	ss of Florida registered agent: (P.O. I	ox NOT acceptable)	<b>3</b>
Name:	Jean-Paul Casaubon		
	AAA Dhanaada Dath	•	> 111
	441 Rhapsody Path		
Office Address:			("")
egistered agent's acceptaving been named as resignated in this applicate comply with the provis	The Villages  (Cuy)  stance: rgistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro-	Florida 32162  (Zip code) to process for the above stated limited liability cost as registered agent and agree to act in this capager and complete performance of my duties, and	empany at the placity. I further t
legistered agent's acceptaving been named as resignated in this application of the provision of the provisio	The Villages  (Cay)  stance: egistered agent and to accept service ution, I hereby accept the appointmen	(Zip code) :- of process for the above stated limited liability co t as registered agent and agree to act in this cap	ompany at the placity. I further t
egistered agent's acceptaving been named as resignated in this applicate comply with the provis	The Villages  (Cuy)  stance: rgistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro-	(Zip code) :- of process for the above stated limited liability co t as registered agent and agree to act in this cape oper and complete performance of my duties, and	ompany at the placity. I further t
egistered agent's acceptaving been named as resignated in this applicate comply with the provised accept the obligation	The Villages  (City)  Stance:  Significant and to accept service attion, I hereby accept the appointment ions of all statutes relative to the pross of my position as registered agent.  (Registered age	(Zip code) :- of process for the above stated limited liability co t as registered agent and agree to act in this capt per and complete performance of my duties, and u's signature)	ompany at the placity. I further t
egistered agent's acceptaving been named as resignated in this applicate comply with the provised accept the obligation.  The name, title or cap.	The Villages  (Cay)  Stance:  Significant and to accept service ation, I hereby accept the appointment ions of all statutes relative to the pross of my position as registered agent.  (Registered agent accept and address of the person(s) who	(Zip code) :- of process for the above stated limited liability co t as registered agent and agree to act in this capt per and complete performance of my duties, and u's signature) thas/have authority to manage is/are:	mpany at the placity. I further w
degistered agent's acceptaving been named as resignated in this applicate comply with the provise accept the obligation.  The name, title or capacity:	The Villages  (Cay)  Stance:  Togistered agent and to accept service attion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent.  (Registered agent agents active and address of the person(s) who Name and Address:	(Zip code) :- of process for the above stated limited liability co t as registered agent and agree to act in this capt per and complete performance of my duties, and u's signature) thas/have authority to manage is/are:	ompany at the placity. I further t
degistered agent's acceptoring been named as resignated in this applicate comply with the provise accept the obligation.  3. The name, title or cap.	The Villages  (Cay)  Stance:  Significant and to accept service attion, I hereby accept the appointment ions of all statutes relative to the pross of my position as registered agent.  (Registered agent and address of the person(s) who Name and Address:  JP Casaubon	(Zip code)  of process for the above stated limited liability cost as registered agent and agree to act in this captor and complete performance of my duties, and as signature)  has/have authority to manage is/are:  Title or Capacity:  Name ar	mpany at the placity. I further w
degistered agent's acceptaving been named as resignated in this applicate comply with the provise accept the obligation.  The name, title or capacity:	The Villages  (Cay)  Stance:  Togistered agent and to accept service attion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent.  (Registered agent agents active and address of the person(s) who Name and Address:	(Zip code)  of process for the above stated limited liability cost as registered agent and agree to act in this captor and complete performance of my duties, and as signature)  has/have authority to manage is/are:  Title or Capacity:  Name ar	mpany at the placity. I further w
degistered agent's acceptaving been named as resignated in this applicate comply with the provise accept the obligation.  The name, title or captain acceptance or Capacity:  Owner	The Villages  (City)  Intance:  Togistered agent and to accept service attion, I hereby accept the appointment ions of all statutes relative to the pross of my position as registered agent.  (Registered agent and Address:  JP Casaubon  11955.S.Longs.B.	(Zip code)  of process for the above stated limited liability cost as registered agent and agree to act in this captor and complete performance of my duties, and as signature)  has/have authority to manage is/are:  Title or Capacity:  Name ar	mpany at the placity. I further w
egistered agent's acceptaving been named as resignated in this applicate comply with the provise accept the obligation.  The name, title or cap.  Title or Capacity:	The Villages  (Chy)  Stance:  Training is a great and to accept service attents of all statutes relative to the property of my position as registered agent.  (Registered agent and Address:  JP Casaubon  11955.S.Longs.Bluff Parker. CO 80134.	(Zip code) :-  of process for the above stated limited liability co t as registered agent and agree to act in this capt per and complete performance of my duties, and u's signature)  has/have authority to manage is/are:  Title or Capacity:  Name ar	mpany at the placity. I further w
egistered agent's acceptiving been named as resignated in this applicate comply with the provise accept the obligation.  The name, title or captitle or Capacity:  Owner	The Villages  (Chy)  Stance:  Togistered agent and to accept service attion, I hereby accept the appointment ions of all statutes relative to the pross of my position as registered agent.  (Registered agent and Address:  JP Casaubon  11955.S.Longs.Bluff  Parkor. CO 80134.	(Zip code) :-  of process for the above stated limited liability co t as registered agent and agree to act in this capt per and complete performance of my duties, and u's signature)  has/have authority to manage is/are:  Title or Capacity:  Name ar	mpany at the placity. I further w
egistered agent's acceptiving been named as resignated in this applicate comply with the provise accept the obligation.  The name, title or captitle or Capacity:  Owner	The Villages  (City)  Stance:  Training agent and to accept service ention, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent.  (Registered agent accept and address:  JP Casaubon  11955.S.Longs.Bluff Parker, CO 80134	(Zip code) :-  of process for the above stated limited liability co t as registered agent and agree to act in this capt per and complete performance of my duties, and u's signature)  has/have authority to manage is/are:  Title or Capacity:  Name ar	mpany at the placity. I further w
legistered agent's acceptaving been named as resignated in this applicate comply with the provising accept the obligation.  3. The name, title or captatle or Capacity:  Owner  Mgr  Use attachments if neces	The Villages  (City)  Intance:  Togistered agent and to accept service  tion, I hereby accept the appointment ions of all statutes relative to the pro  s of my position as registered agent.  (Registered age  acity and address of the person(s) who  Name and Address:  JP Casaubon  11955 S.Longs B.M.F.  Parker, CO 80134  Stel Casaubon  11955 S.Longs B.M.F.  Parker, CO 801344	(Zip code) :-  of process for the above stated limited liability co t as registered agent and agree to act in this capt per and complete performance of my duties, and  u's signature)  has/have authority to manage is/are:  Title or Capacity:  Name ar	empany at the placity. I further of a familiar w
legistered agent's acceptaving been named as resignated in this applicate comply with the provisional accept the obligation.  3. The name, title or captatle or Capacity:  Owner  Mgr  Use attachments if necess.  Attached is a certificate.	The Villages  (City)  Interest agent and to accept service attion, I hereby accept the appointment ions of all statutes relative to the prosess of my position as registered agent.  (Registered agent and Address:  JP Casaubon  11955 S.Longs Bluff Parker, CO 80134  Stef Casaubon  11955 S.Longs Bluff Parker, CO 80134  (Stary)	(Zip code) :-  of process for the above stated limited liability co t as registered agent and agree to act in this capt per and complete performance of my duties, and u's signature)  has/have authority to manage is/are:  Title or Capacity:  Name ar	mpany at the placity. I further a lam familiar w

Signature of an authorized person

Signature of an authorized person

Typed or printed name of signer

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Wavne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Cazco, LLC Reinstated November 03, 2017

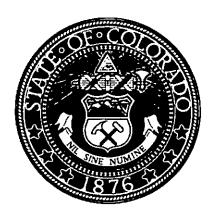
is a

#### Limited Liability Company

formed or registered on 10/17/2007 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20071478519.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/30/2018 that have been posted, and by documents delivered to this office electronically through 09/04/2018 @ 09:17:22 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/04/2018 @ 09:17:22 in accordance with applicable law. This certificate is assigned Confirmation Number 11097507



Secretary of State of the State of Colorado

\*End of Certificate\*\*\*\*\*\*\* Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.wos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.sos.state.co.us/ click "Bustnesses, trademarks, trade names" and select "Frequently Asked Questions."