M18000010500

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SELECTION 19 PH 12: 20

N. CAUSSEAUX NOV 2 6 2018

	co	VER LETTER	.93		••
TO: Registration Section	٠ هدر				
TO: Registration Section Division of Corporatio	ns				
: Daniel Justin Cons	ulting LLC				
SUBJECT:		Limited Liability	Company		<u>-</u>
The enclosed "Application by Fo Existence, and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tra ited liabilit	ansact Business in Florida y company to transact bus	." Certificate iness in Flor
Please return all correspondence	concerning this matter to the	following:			
Daniel F. Justi	n				
	N	ame of Person			_
Daniel Justin (Consulting LLC				
	F	irm/Company			_
5931 Brick Co	ourt, Suite 130				
		Address			_
Winter Park, F	lorida 32792				
	City/S	state and Zip Code	2		_
danfjustin@gma	uil.com				
	E-mail address: (to be use	d for future annua	il report no	tification)	_
For further information concernit	ng this matter, please call:				
Daniel F. Justin		435	881-57	42	
Name	of Contact Person	at (Day	ytime Telephone Number	-
MAILING ADDRESS	<u>.</u>			Γ ADDRESS:	
Division of Corporation	S			of Corporations	
Registration Section P.O. Box 6327			Registrat Clifton B	tion Section	
Tallahassee, FL 32314				ecutive Center Circle	
				see, FL 32301	
Enclosed is a check for the follow	ving amount: ☐ \$130.00 Filing Fee &	□ \$ 155.00 Fili	na Geo e	□ \$160.00 Filing Fee, (Cartificate
■ \$125.00 Filing Fee	Certificate of Status	Certified Copy		of Status & Certified Co	



September 6, 2018

DANIEL F. JUSTIN
DANIEL JUSTIN CONSULTING LLC
5931 BRICK COURT, SUITE 130
WINTER PARK, FL 32792

SUBJECT: DANIEL JUSTIN CONSULTING LLC

Ref. Number: W18000080148

We have received your document for DANIEL JUSTIN CONSULTING LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6051.

Letter Number: 818A00018477

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

Division of Comparations D.O. DOV 0207 Well-house Florida 2021

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:

	name adopted for the purpose of transacting busine	ss in Florida. The a		ility Company," "L.L.C," or "LLC.")
2. Delaware		3.	82-3728280	er, if applicable)
(Jurisdiction under the law of w	hich foreign limited hability company is organized	J	(121)	er, it approache)
4. January 1, 2018				
···	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to	prior to registration determine penalty	i.) hability)	
5 Daniel Justin Consulti	ng LLC	6	Daniel Justin Consulting Ll	LC 💆 🎏
(Street Address of	Principal Office)	U.	(Mailing Addr	
5931 Brick Court, Suit	te #130		5931 Brick Court, Suite #13	30
Winter Park, Florida 3	2792		Winter Park, Florida 32792	
7. Name and street addres Name:	ss of Florida registered agent: (P.C). Box <u>NOT</u>	acceptable)	PH 12: 20
	5931 Brick Court, Suite #130	<u> </u>		Ö
Office Address:		· · · · · · · · · · · · · · · · · · ·	72702	
	Winter Park (Civ)		, Florida 32792 (Zip code	
			impicie perjorinance of my i	luties, and I am familiar with
and accept the obligation	s of my position as registered age			ancs, and rum jummer with
and accept the obligation				
	(Replaced	agent's signature)		
		agein's signature) who has/have		Name and Address:
8. The name, title or cap:	(Revisiered	agein's signature) who has/have	authority to manage is/are:	
8. The name, title or capa <u>Title or Capacity:</u> AMRG	(Revisiered acity and address of the person(s) volume and Address: Daniel Justin 3501 Amber Oak	agein's signature) who has/have	authority to manage is/are:	
8. The name, title or cap. <u>Title or Capacity:</u>	(Revisiered acity and address of the person(s) volume and Address: Daniel Justin	agein's signature) who has/have	authority to manage is/are:	
8. The name, title or capa <u>Title or Capacity:</u> AMRG	(Revisiered acity and address of the person(s) volume and Address: Daniel Justin 3501 Amber Oak	agein's signature) who has/have	authority to manage is/are:	
8. The name, title or capa <u>Title or Capacity:</u> AMRG	(Revisiered acity and address of the person(s) volume and Address: Daniel Justin 3501 Amber Oak	agein's signature) who has/have	authority to manage is/are:	
8. The name, title or cap. Title or Capacity: AMRG (MANACING MEME)	(Registered acity and address of the person(s) volume and Address: Daniel Justin 8501 Amber Oak Orlando FL	agein's signature) who has/have	authority to manage is/are:	
8. The name, title or cap: Title or Capacity: AMRG (MANAGING MEME) (Use attachments if necessity in the continuous and con	(Registered acity and address of the person(s) vone and Address: Daniel Justin 8501 Amber Oak Orlando FL Ssary) c of existence, no more than 90 days of which it is organized. (If the cere	agent's signature) who has/have T	authority to manage is/are: itle or Capacity: thenticated by the official ha	Name and Address:
8. The name, title or cape Title or Capacity: AMRG (MANACING MEMB) (Use attachments if necessing a certificate jurisdiction under the law of the translator must be second. This document is executed.	(Registered acity and address of the person(s) vone and Address: Daniel Justin 8501 Amber Oak Orlando FL Ssary) c of existence, no more than 90 days of which it is organized. (If the cere	agent's signsture) who has/have T s old, duly au tificate is in a	authority to manage is/are: itle or Capacity: thenticated by the official ha foreign language, a translati	Name and Address: ving custody of records in the fon of the certificate under oath the that any false information
8. The name, title or cape Title or Capacity: AMRG (MANACING MEMB) (Use attachments if necessity in the law of the translator must be second in the law of the translator must be second in the law of the translator must be second in the law of the translator must be second in the law of the translator must be second in the law of the translator must be second in the law of the translator must be second in the law of the translator must be second in the law of the la	(Replaced active and address of the person(s) value and Address: Daniel Justin 8501 Amber Oak Orlando FL ssary) of existence, no more than 90 days of which it is organized. (If the cerubmitted) outed in accordance with section 60 to the Department of State constitute.	agent's signature) who has/have T s old, duly au tificate is in a	authority to manage is/are: itle or Capacity: thenticated by the official ha foreign language, a translati Florida Statutes. I am aware ee felony as provided for in s	Name and Address: ving custody of records in the fon of the certificate under oath the that any false information
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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DANIEL JUSTIN CONSULTING 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 EIGHTH DAY OF NOVEMBER, A.D. 2018.

ALL HOW 19 PH 12: 20



Authentication: 203867120

Date: 11-08-18

6362691 8300 SR# 20187547283