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SECRETARY OF STAIL

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### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporation	uns				
SUBJI	SMB ISAO, LLC					
		Name of	Limited Liability Company			
The en Exister	closed "Application by Fonce, and check are submitt	oreign Limited Liability Cont ed to register the above refet	npany for Authorization to Treneed foreign limited liabili	ransact Business in Florida," Certificate o ty company to transact business in Florida		
Please	return all correspondence	concerning this matter to the	c following:			
		Kari Brown				
		8	Name of Person			
		Flynh Account	ing, LLC			
		Firm/Company				
		5555 Erindale Dr Ste 100				
			Address			
		Colorado Spri	ings CO 90019			
	<del></del>		ings, CO 80918 State and Zip Code			
		flynnacct@dma	ail.com			
		E-mail address: (to be use	ail.com ed for future annual report no	tification)		
For fur	ther information concerning	ng this matter, please call:				
	KARI BROWN		719 593-93	38		
	Name	of Contact Person		ytime Telephone Number		
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton F 2661 Ext	F ADDRESS: of Corporations tion Section Building ecutive Center Circle sec. FL 32301		
Enclose	ed is a check for the follow □ \$125.00 Filing Fee	ving amount:  12 \$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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company: must include "Lin	nited Liability Company," "L.t. C.," or "LLC."	1		
(It more unavailable, enter alternate of	same adopted for the purpose of transacting business in	i Florida. The alternate name musi metade. Umated La	ability Company," "L.L.C," or "LLC ")		
2 COLORADO		3. 82-2485367			
(lurisdiction under the law of w)	hich toreign limited liability company is organized)	(FECTION)	(EEL number, if applicable)		
4. 10/31/18					
	(Date first transacted business in Florida, if prio (See sections 605 19404 & 605,0905, F.S. to det	r to registration ) ermine negatis liability)	<del></del>		
5 2005 AEROPLAZA D		6. C/O FLYNN ACCOUNT	ING 11 C		
COLORADO SPRINGS, CO 80919		6. (Marling Address)			
		5555 ERINDALE DR STE 100			
		COLORADO SPRINGS, CO 80918			
			A S		
7. Name and street addres	s of Florida registered agent: (P.O. B	lox NOT acceptable)	SECRET ALL AHA		
	INCORP SERVICES, INC.	<u>,                                    </u>	第9 一		
Name:	THOOM SERVICES, INC.		ASS TO		
Office Address:	17888 67TH COURT NORTH				
	LONALIATORE	40.00			
	LOXAHATCHEE (City)	, Florida 33470			
Registered agent's accep-		(Δην εσι			
	Jacque de la	-			
Title or Cupacity:	city and address of the person(s) who Nume and Address:	has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:		
MEMBR	BRUCE PARKMAN				
· · · · · · · · · · · · · · · · · · ·	1305 WINDFLOWER LN				
	WOODLAND PARK, CO	<b>80863</b>			
		<u> </u>			
(Use attachments if necess	ary)	•	·		
	•				
<ol> <li>Attached is a certificate ( jurisdiction under the law of of the translator must be su</li> </ol>	of existence, no more than 90 days old of which it is organized. (If the certific binitted)	d, duly authenticated by the official ha cate is in a foreign language, a translat	iving custody of records in the ion of the certificate under oath		
10. This document is execusubmitted in a document to	the Department of State constitutes a	(03 (1) (b), Florida Statutes. I am awar third degree felony as provided for in a	e that any false information s.817.155, F.S.		
	Signate	are of an authorized person			
	KARI	BROWN			

Typed or printed name of signee

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

### CERTIFICATE OF FACT OF GOOD STANDING

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

SMB ISAO, LLC

is a

#### Limited Liability Company

formed or registered on 08/14/2017 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 20171612468.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/08/2018 that have been posted, and by documents delivered to this office electronically through 11/09/2018 @ 10:24:30.

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 11/09/2018 @ 10:24:30 in accordance with applicable law. This certificate is assigned Confirmation Number 11218615



Mayre W. Williams

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.sos.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 "Businesses, trademarks, trade names" and select "Frequently Asked Questions."