M18000010141

(Re	questor's Name)				
(Add	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone #	(†)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Name	e)			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to I	Filing Officer:				
		}			
L					





400320980284

11/19/18--01032--030 **160.00

FILED
2018 NOV 19 PM 3: 30
SECRETARY OF STATE

N CULLIGAN DEC 3 2018

COVER LETTER

TO:	Registration of	n Section Corporation	15				
SUBJE	СТ:	The	Medusa	Group Name of I	imited Liability C	cida Company	LLC
							ansact Business in Florida," Certificate of y company to transact business in Florida.
Please r	eturn all corre	espondence o	concerning this ma	atter to the f	following:		
		1	Renneth	S	ands	· · · · · · · · · · · · · · · · · · ·	
						FL	orida, LLC
		6	985	South	T to ρ. α	l T	ruil
	 -		Merritt	Is lan	J F L ate and Zip Code	32	952
	<u> </u>		KSand. E-mail address:	s 70 (to be used	for further annual	report not	ification)
For furt	her informatio	on concernin	g this matter, plea	ise call:			
	Kenne	M S	andS of Contact Person		at (<u>915</u> Area Code	$\frac{27}{\text{Day}}$	76-0775 time Telephone Number
		27				Division Registrati Clifton B 2661 Exe Tallahass	of Corporations ion Section uilding centive Center Circle see, FL 32301
Enclose	d is a check f □ \$125.00 l		ing amount: □ \$130.00 Filin Certificate of S		☐ \$155.00 Filin 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 COMPITANCE WITH SECTION 605 COMPANY TO TRANSACT BUSINESS I		OLLOWING IS SUBMITTED TO REGIST	FR A FOREIGN LIMITED LIABILITY
1. The Med (Name of Foreign Limited L.)	ability Company; must include Limited	of Florida LL C	<u> </u>
(If name unavailable, enter alternate name adopted 2. Ourside tion under the law of which foreign		rida The alternate name must include "Limited Lia 3. 83 - 225 (FEI num	bility Company," "L.L.C," or "L.L.C.") O 7 O ber, if applicable)
4. None (Date	first transacted business in Florida, if prior to	registration.)	
5. 6985 South	ections 605,0904 & 605,0905, F.S. to determine the control of the	6. 6985 Sou (Mauling Add	eth Trufical Trail
32952		32952	Siwa, FC
Office Address: Registered agent's acceptance: Having been named as registered designated in this application, I have	enath Sands 985 South T Nerit Islan (City) agent and to accept service of pereby accept the appointment and its statutes relative to the proper position as registered agent. (Registed agent's	Topical Trail d. Florida 32 (Zip cox process for the above stated limited as registered agent and agree to act and complete performance of my	in this capacity. I further agree
	6485 South MUPICA	[Trail - 32952 	
(Use attachments if necessary)		. -	
	it is organized. (If the certificate	duly authenticated by the official ha e is in a foreign language, a translat	
		3 (1) (b), Florida Statutes. I am awaird degree Telony as provided for in	
	Kenneth Si	of an authorized person and S printed name of signee	



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

DELAWARE, DO HEREBY CERTIFY "THE MEDUSA GROUP OF FLORIDA, 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 SECOND DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE MEDUSA GROUP OF FLORIDA, LLC." WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 203823777

Date: 11-02-18