M18000011661

(Requestor's Name)					
(Address)					
<u> </u>					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W18-87376 Cus					

Office Use Only



900318994479

09/26/18--01009--005 **125.00

K. SALY DEC 27 2018



October 1, 2018

BILLIE ANN FRANCHELLA SOURCE4DISTRIBUTION, LLC 5560 150TH PL WELLBORN, FL 32094

SUBJECT: SOURCE4DISTRIBUTION, LLC

Ref. Number: W18000087376

We have received your document for SOURCE4DISTRIBUTION, 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):

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.

Karen A Saly Regulatory Specialist II

Letter Number: 018A00020417

2018 DEC 26 PN 3: 23

COVER LETTER

TO:	Registration Section Division of Corporation	ıs		
SUBJE	ст: <u>S</u> S	Urce ID	STRIBUTIC Limited Liability Company	IN, LLC
				ansact Business in Florida," Certificate of company to transact business in Florida.
Please r	eturn all correspondence o	concerning this matter to the (following:	
		BILLIE	ANN FO	anchella
		Source	M/STRI	BUTION, LLC
	5	560 150	Address Address	
		wellb	ate and Zip Code	32091
	_500	rce 4 dis	for future annual report not	ification) GMail. COM
For furt	her information concerning	g this matter, please call:		
,	BILL A.	n Franciella f Contact Person	at (33-V499 time Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301
close	d is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

AF?LICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION OF COMPANY TO TRANSACT BUSINESS		OLLOWING IS SUBMITTED TO REGIST	ER A FOREIGN LIMITED LIABILITY
1. Name of Foreign Limited	Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "L.L.C.")	
2. DelAWA	pted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liai 3. (FEI numb	bility Company," "L.L.C," or "LLC.") Z per, if applicable)
4	ate first transacted business in Florida, if prior to ce sections 605.0904 & 605.0905, F.S. to determi	registration)	
5. 5500 5 (Street Addréss of Principal	7+h 0)	6. 5500 (Mailing Addi	150 +hp1 on El 3a
7. Name and street address of F	lorida registered agent: (P.O. Box	NOT acceptable)	
Name:	David FLA	NCHELLA	
Office Address:	5560 150 Wellhorn	The following of the fo	294
designated in this application, i	hereby accept the appointment a fall statutes relative to the proper	process for the above stated limited is registered agent and agree to act and complete performance of my (in this capacity. I further agree
•	nd address of the person(s) who ha	· ·	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
- PR-E->	well born FL3	-204 Y	
_R.A	DAVID Frank 3560, 150	e11a	
Use attachments if necessary)	320 320 320 320 320 320 320 320 320 320	049	
	ch it is organized. (If the certificate	duly authenticated by the official ha e is in a foreign language, a translat	
		(1) (b), Florida Statutes. I am awar rd degree felony as provided for in	
	Signature	of An authorized person	
	BILLIE	ANN Franc	hella



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

DELAWARE, DO HEREBY CERTIFY "SOURCE4DISTRIBUTION, 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"SOURCE4DISTRIBUTION, LLC" WAS FORMED ON THE FIFTEENTH DAY OF

FEBRUARY, A.D. 2018.



Authentication: 203886705

Date: 11-13-18