Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			
	Division of Corporations		
	Fax Number : (850)617-	-6383	
Fro	em:		
		CREATIONS INTERNATI	ONAL INC.
	Account Number: 110432003		₽ -,
	Phone : (561)694-		A 4 B
	Fax Number : (561)694-	-1639	
**Enter t	the email address for this busin	ess entity to be use	d for tuture
ann	ual report mailings. Enter only	one email address p	lease ** N
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Extra	il Address:		
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2	Foreign Limited Liab	oility Company	48 12 12 12 12 12 12 12 12 12 12 12 12 12
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**	PTEG Ventur	es LLC	
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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	PTEG VENTURES LLC	
	Name of Limited Liability Compar	:y
The enc Existence	osed "Application by Foreign Limited Liability Company for Authorization to e, and check are submitted to register the above referenced foreign limited liab	Transact Business in Florida," Certificate of ility company to transact business in Florida.
Please re	eturn all correspondence concerning this matter to the following:	
	Alex Alexander	
	Name of Person	
	PTEG VENTURES LLC	
	Firm/Company	
	152 Dan River Court	
	Address	
	Marco Island, F1, 34145	
	City/State and Zip Code	
	aale vander 427 sc@outlook.com	
	E-mail address: (to be used for future annual report	notification)
For furth	er information concerning this matter, please call:	
	Courtney L., Scanlon 716 848-	1538
		Daytime Telephone Number
	Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division Section Regist Clifton	ET ADDRESS: on of Corporations ration Section in Building Executive Center Circle assec, FL 32301
Enclosed	is a check for the following amount: \$\Begin{align*} \begin{align*} align	☑ \$160.00 Filing Fee, Certificate of Status & Certified Copy

57 - w3023017 Wallers Klawar Onlies

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 9902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Flo	rids. The atternate name must include "Limited L	arbility Company," "L.L.C," or "Lt.C.")
DELAWARE	high foreign frinted liability company is organized)	3	enber, if applicable)
	ит потег _р и и потер наот, пу сотправу из окранител)	(Pithou	enbes, ([septicable]
l. <u>N/A</u>			
	(Date first transacted business in Florida if prior to (See acctions 605 0904 & 603 0904, F.S. to determine	regulation) me penalty liability)	-
	Marco Island, FL 34145	6. 152 Dan River Court, Ma	arco Island, FL 34145
(Sneet Address of F	Tricpal Office)	(Mailing Ac	cdress)
			
			## <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
. Name and street addres	is of Florida registered agent: (P.O. Box	NOT acceptable)	2019 SE:
Name:	Alex Alexander		
(A) 27 - 1 - 1 - 1 - 1 - 1	152 Dan River Court		JAN 22
Office Address:	172 Part Court		
	Murco Island	, Florida <u>34145</u>	
legistered agent's accep	(City)	(Zip vi	ode) -Ti
nd accept the obligations	s of my position as registered agent.	Anop An	vaunes, a n a i am jaminar wit
nd accept the obligations	By: Alex Alexander (Registered agent)	Ale P. Alen	v duties, and I am familiar with
nd accept the obligations	s of my position as registered agent. By: Alex Alexander (Registered agent's a	Ale P. Ale- ilgensture)	<u>+</u>
nd accept the obligations	Sof my position as registered agent. By: Alex Alexander (Registered agent's active and address of the person(s) who ha	Ale P. Ale- signature) s/have authority to manage is/are:	<u> </u>
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nd accept the obligations The name, title or capa	Alex Alexander (Registered agent) (Registere	Ale P. Ale- signature) s/have authority to manage is/are:	Name and Address: Gerry M. Speranza
Title or Capacity:	s of my position as registered agent. By: Alex Alexander (Registered agent's a script and address of the person(s) who ha Name and Address: Alex P. Alexander	Shave authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity:	Alex Alexander (Registered agent) (Registere	Shave authority to manage is/are: Title or Capacity:	Name and Address: (ierry M. Speranza 2008 Seadale Court
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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PTEG VENTURES 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PTEG VENTURES LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2019.

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

2019 JAN 22 AM 9: 13
SINGE INFO UF STAIL
FALLNHASSEE, FLORIDA

7242548 8300 SR# 20190409768

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jahrey W Turbark, Sourcery of East)

Authentication: 202119777

Date: 01-22-19