11190000023393

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| W18-107587 | | | | | | |

Office Use Only



700321196077

.u/ou/16--01043--007 *+87.50

01/29/19--01020--015 **72.50

2019 HAR 13 PH 1: 21

BRUCE MAR 13 2019



January 31, 2019

ZACH HATRAF 1952 LAUGHING GULL LN #1415 CLEARWATER, FL 33762

SUBJECT: ANCHOR TECHNOLOGIES OF FLORIDA, LLC

Ref. Number: W18000107587

We have received your document for ANCHOR TECHNOLOGIES OF FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce Corporate Records Supervisor Letter Number: 119A00002226 3

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2018

ZACH HATRAF 1952 LAUGHING GULL LN #1415 CLEARWATER, FL 33762

SUBJECT: ANCHOR TECHNOLOGIES OF FLORIDA, LLC

Ref. Number: W18000107587

We have received your document for ANCHOR TECHNOLOGIES OF FLORIDA, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$72.50.

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.

Deborah Bruce Corporate Records Supervisor

Letter Number: 318A00025646

2019 HAR 13 PH 1: 25

COVER LETTER

TO:

| TO: | Registration Section Division of Corporations | | . , | • | | | J Char | Tedanal |
|--------------------|--|--|----------------------------|-------------------------------------|---|--|---------------------------------------|----------------------|
| G | CCT: Anchor | Todayala | 7 | LLC | _ 6 | 38 | Anchor of Flor | مام در |
| SUBJE | CT: 1100000 | Nan' | ie of Limited | Liability Com | ipany | · | | |
| The end Existen | closed "Application by Foreignee, and check are submitted t | gn Limited Liability of register the above | Company for referenced for | r Authorization oreign limited l | ı to Transact liability com | Business in pany to trans | Florida," Certificate business in | icate of Florida. |
| Please | return all correspondence cor | ocerning this matter t | o the followi | ng: | | | | |
| | Zach | Hatraf | - | | | | | • |
| | | | | T. | | _ | And | or Team |
| | Auch | - Trans | no log | hpany | رر | or | Anche of Flori | in Lic |
| | 1952 | apleto | Laug | hin f | سا المرا | <u>~ 51</u> | z 1415 | - |
| | Clear | water | FL City/State and | 33 1 Zip Code | 762 | | | |
| | Za | eth a a | | | | | 2019 HAR | #. i . |
| For fur | ther information concerning t | | | itale amidai rep | on nonnead | , | #R T3 | er T |
| | Zach t | tatrat | at (_ | 314 | 85 | 2 3 | 534= | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | Contact Person | | Area Code ST Di Ro CI 26 | Daytime TREET ADI ivision of Co egistration Solifton Buildin 661 Executive allahassee, Fl | Telephone North Propertions ection of the Center Circuit Circu |) E | |
| Enclos | ed is a check for the followin \$125.00 Filing Fee | S130.00 Filing Certificate | | S155.00 Fil Certified (| - | | 00 Filing Fee, C tus & Certified (| |
| | \$72.5° | 9 | | | | | | |
| | سرسانوسدوج | $\overline{}$ | | | | | | |

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: ame of Foreign Limited Liability Company; must include (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 4271246 (FEI number, if applicable) the law of which foreign lunited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Richard McIntyre Name: 500 E Kennedy Blvd #200 Office Address: Florida <u>33602</u> Tampa (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| 8. The name, title or capacity and address of Title or Capacity: | of the person(s) who has/have authority to manage is/are: Name and Address: | | |
|--|---|----------|------------------------|
| AMBR | Zach Hatraf | | |
| | 1952 Laughing Gull LN # 1415 Clearwater, FL 33762 | | |
| | Clearwater, FL 33762 | | |
| Vice President | Jeren, Nelson | | - |
| V 5.6 11 35. W. | 6203 N Flore Vista Ave | | |
| | Jamps, FL 33604 | | |
| | | | |
| | | | |
| | | _ | |
| | 2. | 2019 HAR | ат. |
| | | × 13 | |
| | | - 72 | : |
| | ± C | 29 | |
| (Use attachments if necessary) | | | |
| 9. Attached is a certificate of existence, no jurisdiction under the law of which it is org of the translator must be submitted) | more than 90 days old, duly authenticated by the official having custody of anized. (If the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate.) | ficate u | ds in the inder oat |
| 10. This decorate is accorden | ce with section 605.0203 (1) (b), Florida Statutes. I am aware that any false of State constitutes a third degree felony as provided for in s.817.155, F.S. | inforn | nation |
| χ | Signature of an authorized person | | |
| × | ZACH HATRAT Typed or printed name of signee | | |

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

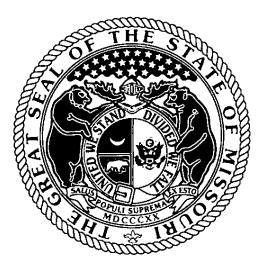
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Anchor Technologies LLC LC001512238

was created under the laws of this State on the 27th day of October, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 29th day of November, 2018.

Secretary of State



Certification Number: CERT-11292018-0109