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(Reque	stor's Name)					
(Address)						
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PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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March 16, 2019

ANDRA M. POPA 7025 COUNTY ROAD 46A LAKE MARY, FL 32746

SUBJECT: ANDRA M POPA CONSULTING, LLC

Ref. Number: W19000025651

We have received your document for ANDRA M POPA CONSULTING, 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):

The registered agent must sign accepting the designation.

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.

Letter Number: 019A00005266

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

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TO:

Registration Section Division of Corporations

		Name of	Limited Liability Company	
The enclosed " existence, and	Application by Fo check are submitted	reign Limited Liability Comp ed to register the above refer	oany for Authorization to Tr enced foreign limited liabilit	ansact Business in Florida," Certificate y company to transact business in Flori
lease return a	Il correspondence	concerning this matter to the	following:	
	Andra M Popa			
		Ŋ	ame of Person	
	Andra M Popa	Consulting, LLC		
		F	irm/Company	
	7025 County R	toad 46A		
			Address	
	Lake Mary Fl.	32746		
		City/S	tate and Zip Code	* * * * * * * * * * * * * * * * * * *
	post@explorerse	_		
		E-mail address: (to be use	d for future annual report no	tification)
for further info	ormation concernit	ng this matter, please call:		
Andra M Popa		407 435-1240 at ()		
-, -,	Name	of Contact Person		ytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	theck for the follow 25.00 Filing Fee	ving amount: ☐ \$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 LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Andra M Popa Consulting, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L L C ," or "LUC") (If name inswallable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "E. L. C." or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted baseness in Florida, if prior to registration.) (See sections 605 0004 4, 605 0005, F.S. to determine penalty faibility). 1716 Kersley Circle 7025 County Road 46A (Struct Address of Principal Office) (Medical Address) Lake Mary FI 32746 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Andra M Popa Name: 1716 Kersley Circle Office Address: Lake Mary

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

(Redisserped agent is signature):

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Connecty:		Name and Address:	
Manager	Name:	Manager	Name:		
☐Member	Address:	☐ Member	Address:		
Authorized	Lake Mary FL 32748	Authorized			
Person		Person			
Cither	Other	Other		Other	
∏Малаger	Name:	Manager	Name:		
Member	Address:	Member	Address:		
Authorized		Authorized			
Person		Person			
		Other		Other 22	
Manager	Name:	Manager	Name:	\sim \sim	
Mcinber	Address:	Member	Address:		
Authorized		Authorized		<u> </u>	
Person		Person			
	Other	Other	<u>_</u>	Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form,

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Syphatro of an authorized pursus

Andra M Popa, Authorized Person



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

DELAWARE, DO HEREBY CERTIFY THAT "ANDRA M. POPA CONSULTING, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SECOND DAY OF FEBRUARY,

A.D. 2016, AT 10:30 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANDRA M. POPA CONSULTING, LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2016.

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

Authentication: 202066463

Date: 01-11-19

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