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COVER LETTER

TÕ: • Registration Section Division of Corporations

SUBJECT:	CHARLES PAKE, LLC Name of Limited Liability Company
201011011	Name of Limited Liability Company
The enclosed ". Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return a	Il correspondence concerning this matter to the following:
	STIME WA-/ Name of Person
	Name of Person
	Way Law Firm/Company
	1020 E. Lafayete STOET, SUITE 112
	Tallamssee, FL 37301 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
	Name of Contact Person Name of Contact Person Area Code Daytime Telephone Number
Divis Regis P.O.	Name of Contact Person Area Code Daytime Telephone Number Area Code Division of Corporations Stration Section Box 6327 hassee, FL 32314 Tallahassee, FL 32301
Enclo	osed is a check for the following amount: e make check payable to: FLORIDA DEPARTMENT OF STATE
	\$125.00 Filing Fee Status S130.00 Filing Fee & S155.00 Filing Fee & S160.00 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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL.C.") t name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "E. E. C." or "EL.C.") 36 - 4824695 (Fill number, if applicable) (Jurisdiction under the law of which foreign limited hability company is organized) April 15,2019 (Date first transacted business in Florida, if prior to registration (See sections 605 0904 & 605 0905, F.S. to determine penalty hability) E. LAFATETTE STREET (Street Address of Principal Office) lame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: ered agent's acceptance: g been named as registered agent and to accept service of process for the above stated limited liability company at the place ated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with cept the obligations of my position as registered agent. (Registered agent's 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 Capacity: Name and Address: Name: Bret M. Bear-∃Manager Manager Manager Name: Address: 1022 Park STREET Member Member Address: Authorized Authorized Person Person Other \square Other Manager | Manager Name: Name: __ _ Member Address: 4ember Address: ___ uthorized Authorized Person erson Other_ Other___ Other Manager 🔲 Name: nager Name: __ Member Address: mber Address: _____ iorized Authorized Person on Other__ Other_ Other___ nt Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindividuals may be added to the index when filing your Florida Department of State Annual Report form. ed is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the on under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath islator must be submitted) ocument is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person ETHAN



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

DELAWARE, DO HEREBY CERTIFY "CHARLESNAKE, 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 FOURTH DAY OF APRIL, A.D. 2019.

Authentication: 202579092

Date: 04-04-19