

JUN/04/2019 08:35 AM  
 Division of Corporations  
 Florida Department of State  
 Office of Corporate Filings  
 Electronic Filing Cover Sheet  
 F. 001  
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**MA9000005468**

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**To:**  
 Division of Corporations  
 Fax Number : (850) 617-6383  
  
**From:**  
 Account Name : INCORP SERVICES INC  
 Account Number : I20120000007  
 Phone : (702) 866-2500  
 Fax Number : (702) 866-2689

2019 JUN -4 PM 4:42  
 MAILING SERVICE FIELD

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: documents@incorp.com

06:11:07 PM 6/4/2019

**Foreign Limited Liability Company**  
**VALENTINES SEWING EQUIPMENT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

**Y SCOTT**

**JUN 05 2019**



(1190001100483)

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:

1. VALENTINES SEWING EQUIPMENT, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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.")

2. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2658848
(FEI number, if applicable)

4. Upon Registration
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8582 NW 56TH STREET
(Street Address of Principal Office)
Doral, FL 33166

6. 2000 S OCEAN DRIVE, SUITE 1610
(Mailing Address)
Ft Lauderdale, FL 33316

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.

Crystal Jauregui
(Crystal Jauregui on behalf of InCorp Services, Inc.)
(Registered agent's signature)

(H190001705983)

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:**  Manager **Name and Address:** Name: JAMES J VALENTINE  
 Member Address: 2000 S OCEAN DRIVE, SUITE 1610,  
 Authorized Ft Lauderdale, FL 33316  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager **Name and Address:** Name: JAMES J VALENTINE  
 Member Address: 2000 S OCEAN DRIVE, SUITE 1610,  
 Authorized Ft Lauderdale, FL 33316  
 Person \_\_\_\_\_  
 Other General Manager  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
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Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  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.

James J Valentine  
Signature of an authorized person

JAMES J VALENTINE

Typed or printed name of signer

(H140071050163)

File Number

0642253-5



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

VALENTINES SEWING EQUIPMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 02, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

2019 JUN -4 PM 11:4  
 TALLAHASSEE, FLORIDA



**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 4TH*  
*day of JUNE A.D. 2019 .*

*Jesse White*

SECRETARY OF STATE