

H190001848563

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6333

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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

Email Address: _____

**Foreign Limited Liability Company
SDW LABS LLC**

Certificate of Status	1
Certified Copy	0
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**Y SCOTT
JUN 13 2019**

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SDW LABS LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company", "LLC", or "LLP")

2. Delaware (Name of state or other alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company", "LLC", or "LLP")

3. 47-2006977

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

(FBI number, if applicable)

4. no transactions prior to registration

(Date first transacted business in Florida (if prior to registration) (See sections 605.001 & 605.003, F.S., to determine penalty liability.)

5. 501 E Las Olas Blvd Suite 300

(Street Address of Principal Office)

Fort Lauderdale, FL 33301

6. 842 San Remo Drive

(Mailing Address)

Fort Lauderdale, FL 33326

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

Name: Registered Agents Inc.

Office Address: 7901 4th Street N, Ste 300

St. Petersburg

33702

Florida

(City)

(Zip code)

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.

(Registered agent's signature)

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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:

☐ Manager Name: Miguel A Leche

☒ Member Address: 842 San Remo Drive

☐ Authorized Fort Lauderdale, FL 33326

Person

☐ Other ☐ Other

☐ Manager Name: Daniel Leche

☒ Member Address: 842 San Remo Drive

☐ Authorized Fort Lauderdale, FL 33326

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: Miguel A Leche Jr.

☒ Member Address: 842 San Remo Drive

☐ Authorized Fort Lauderdale, FL 33326

Person

☐ Other ☐ Other

☐ 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.

Miguel A Leche

 Signature of an authorized person

 Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SDW LABS 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 FIFTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SDW LABS LLC" WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2014.

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

FILED
2019 JUN 12 PM 4:07
TALLAHASSEE, FLORIDA



5615005 8300

SR# 20195254523

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202963574

Date: 06-05-19

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