# M19000007008

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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D. BRUCE JUL 22 2019



July 8, 2019

BYRON CLARKE DUNDAS 3029 NE 188TH STREET, APT 725 AVENTURA, FL 33180

SUBJECT: SPIDER, LLC Ref. Number: W19000062341

We have received your document for SPIDER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L04000017196.

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 819A00013652

### COVER LETTER

		ration Section n of Corporation:	s						
SUBJEC	Sp	ider, LLC							
30131,0			Name of I	Limited Liability (	Company	<del></del>			
			eign Limited Liability Comp I to register the above refere						
Please re	eturn all	correspondence co	oncerning this matter to the	following:					
		Byron Clarke Di	undas						
			N:	ame of Person					
			Fi	rm/Company		. <u></u>			
		3029 NE 188th	Street, Apt 725						
				Address					
		Aventura, FL 33	3180						
		-	City/S	tate and Zip Code					
		diser	F-mail address: (to be used	A DUNK I for luture annua	C C	Malineation)	(OM)	2019	
For furth	ner infor		g this matter, please call:	•	. (	J	。 第、 公开	2019 JUL 1 9	100 mm
	Byron	Clarke Dundas		_at ( <i>GIO</i>	) 3	92 069	9		; ; ; ;
		Name of	f Contact Person	Area Code	Day	time Telephone	Number		: -
	Division Registr P.O. B	in of Corporations ation Section ox 6327 assee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations con Section uilding centive Center Ci ce, FL 32301	ircle	(4) (4)	
Enclosed		eck for the followi 5.00 Filing Fee	ing amount:  \$\Bigsire\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy		□ \$160.00 Fil of Status & Ce			le

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

IN COMPILANCE 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:

l'name unavailable, enter alternate r	OF FLORIDA LLC name adopted for the purpose of transac Luciness in Flori	ida. The alternate name must include "Limited Lic	ability Company," "E.E.C.," or "E.E.C.")
.PA		3. 20-3370893	
(Jurisdiction under the law of w	thich foreign limited liability company is organized)	(FEI num	iber, if applicable)
06/01/2019			
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) se penalty liability)	
3029 NE 188th Street,	Apt 725	6. 3029 NE 188th Street, Apr (Mailing Add)	1 725
(Street Address of Aventura, FL 33180	Principal Office)	(Mailing Adi Aventura, FL 33180	dress)
			- 22
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	Byron Clarke Dundas	<u></u>	5 T
Name:			
Office Address:	3029 NE 188th Street, Apt 725		PH
	Aventura	, Florida 33180	
	(City)	(Zip co	de) 🤄 🙃
laving been named as re esignated in this applica comply with the provis	stance: egistered agent and to accept service of p ution, I hereby accept the appointment as- ions of all statutes relative to the proper as of my position as registored agent.	process for the above stated limite registered agent and agree to ac	d liability company at the place t in this capacity. I further agree
laving been named as re esignated in this applica comply with the provis	egistered agent and to accept service of p ition, I hereby accept the appointment as ions of all statutes relative to the proper	process for the above stated limite or registered agent and agree to ac and complete performance of my	d liability company at the place t in this capacity. I further agree
laving been named as resignated in this applica- esignated in this applica- o comply with the provisind accept the obligation	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.	process for the above stated limite sregistered agent and agree to ac and complete performance of my highways.	d liability company at the place t in this capacity. I further agree duties, and I am familiar with
Having been named as relessignated in this applicate occupily with the provise and accept the obligation.  3. The name, title or cap	egistered agent and to accept service of pution, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's acity and address of the person(s) who han and Address:  By on Clarke Dunde	rocess for the above stated limite is registered agent and agree to ac and complete performance of my signature)  s/have authority to manage is/are:  Title or Capacity:	d liability company at the place t in this capacity. I further agree duties, and I am familiar with
Having been named as resignated in this applicate of comply with the provisional accept the obligation  3. The name, title or capacity:	egistered agent and to accept service of pution, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's acity and address of the person(s) who han and Address:  By on Clarke Dunde	rocess for the above stated limite s registered agent and agree to ac and complete performance of my signature)  s/have authority to manage is/are:  Title or Capacity:  As Vill President	d liability company at the place t in this capacity. I further agree duties, and I am familiar with
Having been named as relesignated in this applicate of comply with the provisind accept the obligation.  8. The name, title or capacity:  Dresident	egistered agent and to accept service of pution, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's sacity and address of the person(s) who han and Address:  Byton Clarke Dunder 3029 NE 1881151, Acceptable.	rocess for the above stated limite s registered agent and agree to ac and complete performance of my signature)  s/have authority to manage is/are:  Title or Capacity:  As Vill President	d liability company at the place t in this capacity. I further agree duties, and I am familiar with
designated in this application of comply with the provisional accept the obligation of the name, title or capacity:  Dresident  (Use attachments if necessary of the translator must be soft to the translator must be so	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's seatily and address of the person(s) who has a name and Address:  By con Clarke Dunda 3029 NE 1884154 Aventura, 1233	ignanure)  strocess for the above stated limite is registered agent and agree to accand complete performance of my dignanure)  s/have authority to manage is/are:  Title or Capacity:  25 VICE President  26 130  duly authenticated by the official he is in a foreign language, a translated	Name and Address:  Hong Yu  20 29 No 1984 A Address:  Hong Yu  30 29 No 1984 A Address:  Arlenbura, L 3.3.186

Typed or printed name of signee

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/06/2019

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SPIDER, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

1 DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

STORE THE COLUMN TO THE COLUMN

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190606141236-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify