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TO:	FROM:	Fred Venerin
		Ocean Bank
Mrs.		200 N.E. 3 rd Avenue
Simmons		Fort Lauderdale, Florida 33301
	Phone	(954) 519-0460
Phone:	Fax Phone	(954) 519-0499
Fax Phone: 1-850-245-6030		
1		
Ref:		
1		
REMARKS:	☐ Reply AS.	AP
The Studio House LLC		
Document Number W19000072067		

Tried faxing but was always busy,

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	The Studio House LLC	
(71)1301	Name of Limited Liability Company	
The end Existen	used "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certif e, and check are submitted to register the above referenced foreign limited liability company to transact business in	ficate of Florida.
Please	turn all correspondence concerning this matter to the following:	
	Elric Prince	
	Name of Person	
	The Studio House LLC	
	Firm/Company	
	541 Enclave Circle East	
	Address	
	Pembroke Pines/Florida 33027	
	City/State and Zip Code	
	POEBOY305@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
	LATETIA BAIN PRINCE 954 609 7793	
	Name of Contact Person Area Code Daytime 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	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
	S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, C Certificate of Status Certified Copy of Status & Certified Copy	

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:

Alt name and all the enter alternate name	adopted for the purpose of transacting business in Flo	nd . The alternate i	ense must include "I muted I m	hility Commany ""L. I. C." or "L. C.
	a deopted for the purpose of trainacting worders in the			
DELAWARE 2		3	826787	ber, it applicable)
(Jurisdiction under the law of whice	h foreign limited liability company (s organized)		(FEI numb	er, if applicable)
MAY 16, 2019				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration) ne penalty liability)		
150 NE 151st St			ENCLAVE CIRCLE E	
5. (Street Address of Prin	ncipal Office)	6	(Mailing Addi	(C\$N)
MIAMI, FLORIDA 33126		PEM!	BROKE PINES, FLOI	RIDA 33027
				100 m
7. Name and street address	of Florida registered agent: (P.O. Box	NOT accept	able)	22 PN
Name:	LATETIA BAIN PRINCE		-	1: 39
Office Address:	541 ENCLAVE CIRCLE E		_	
	PEMBROKE PINES		33027 , Florida	

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 of 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:
Manager	Name: ELRIC N PRINCE	Manager	Name: LATETIA BAIN PRINCE
Member	Address:		Address: 541 Enclave Circle E
Authorized	Pembroke Pines Fl 33027	☐ Authorized	Pembroke Pines, Fl 33027
Person		Person	
Other	Other	Other	Other
∐Manager	Name:	Manager	Name:
Member	Address:	Member	Address: F
Authorized		Authorized	
Person		Person	22 23
Other	Other	Other	
			3 3 3 S
Manager	Name;	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		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.

4			
-	Signature of an authorized person		
Elric Prince	Story		
	Expert or member many of turner		



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

DELAWARE, DO HEREBY CERTIFY "THE STUDIO HOUSE 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 FIFTEENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE STUDIO HOUSE LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2019.

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

Authentication: 203415470

Date: 08-15-19

7422686 8300 SR# 20196535116