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CAPITAL CONNECTION, INC. 1/7 E. Virginia Storet, Store 1 - Tullabastese, Florida 23201 (850) 224-8870 - 1-800-342-8062 - Fax (850) 322-1222 PHALANX SHIELD CAPITAL, LLC	• · · · · · · · • • • • •	•	1	
417 E. Virginia Street, Suite 1 - Tublakaster, Floricha 32301 (830) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222 PHALANX SHIELD CAPITAL, LLC	CAPITAL	ONNECTION I	NC	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2019

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CAPITAL CONNECTION, INC.

SUBJECT: PHALANX SHIELD CAPITAL LLC Ref. Number: W19000097021

We have received your document for PHALANX SHIELD CAPITAL LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Principal address must be a street address.

If you have any questions concerning (850) 245-6052.	the filing of your document, please call?
Mel Solomon Regulatory Specialist II Supervisor	Letter Number: 619A00022713

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: **Registration Section Division of Corporations**

Phalanx Shield Capital SUBJECT: Name of Limited Liability Company

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The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Carlos Figueroa Phalanx Shield Capital LLC Firm/Company 765 Elm St-Satety Harbor EL 34695 City/State and Zip Code Figuestment @ gmail-com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlox Figueroa at (813) 928 0856 Name of Consect Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

STREET ADDRESS: **Division of Corporations Registration Section Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

S155.00 Filing Fee & Certified Copy

□ \$160.00 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:	

1 (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	ay," "l_1C," or "l.LC.")
2. <u>Neucla</u> (Jurisdiction under the law of which foreign limited hability company is organized) 3. <u>844 - 1930542</u> (FEI number, if applicable)) hle)
4(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
5. <u>765 Elm St</u> (Street Address of Principal Office) <u>Scifety Harbor, FL 346695</u> <u>6. 765 Elm St</u> (Mailing Address) <u>Scifety Harbor, FL 346695</u> <u>Scifety Harbor</u>	F2 24695
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	AON BUG
Name: <u>Blue Genie Homcez UL</u>	
Office Address: 765 Elm St <u>Safety Harbor</u> Florida <u>34695</u> (Ciry) (Ciry) (Zip code)	

• · · · · · 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address:

Title or Capacity: Name and Address:

(Use attachments if necessary)

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.

Signature of an numeric Carlos Figures of an inter-

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PHALANX SHIELD CAPITAL, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/13/2019, and is in good standing in this state.



Certificate Number: B20191101335137 You may verify this certificate online at <u>http://www.nvsos.gov</u> IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/01/2019.

Barbara K. Cegarste

BARBARA K. CEGAVSKE Secretary of State