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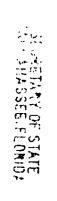
(Requestor's Name)
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PICK-UP WAIT MAIL
76
(Business Entity Name)
(Document Number)
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MAR 3 0 2020 M. SOLOMON

COVER LETTER

TO: Registration Section

Div	ision of Corporations	•		•	•			
SUBJECT:	Backhand Volley, LL	c			, 6			
20	Name of Limited Liability Company							
		ign Limited Liability Company to register the above reference						
Please return	n all correspondence co	ncerning this matter to the foll	owing:					
	Veronica Socas							
		Name	of Person			-		
		Firm/	Company	 		-		
		-						
	Bradenton, FL 3-							
	City/State and Zip Code							
	veronica@socasm							
		E-mail address: (to be used fo	r future annual	report notifica	tion)			
For further i	nformation concerning	this matter, please call:						
Ha	nna Ebmeyer	a	800 t (375-2453				
	Name of	Contact Person	Area Code	Daytime	Telephone Number	-		
Div Reg P.C	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDR Division of Corpo Registration Sect Clifton Building 2661 Executive C Tallahassee, FL					
	closed is a check for the ase make check payabl	e following amount: e to: FLORIDA DEPARTMI	ENT OF STA	TE				
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S160.00 Filing of Status & Ce	Fee, Certificate rtified 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:

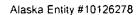
ne adopted for the purpose of transacting business in Flo	orida. The after	mate name must include "Limited Erability Comp	sany," "L. L. C," o	r "LLC "	
	,	84-4933121			
h foreign limited liability company is organized)	٠	(FEI number, if apph	(FEI number, if applicable)		
(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) nine penalty lia	bility)			
: 122					
ncipal Office)	0	(Mailing Address)			
	Ŀ	Bradenton, FL 34209			
Veronica Socas			AHASSE MASSE	MAR 30	
8212 37th Avenue Circle West			OF STATE	PM 4:	
			<u> </u>	9	
Bradenton		3-12(19 Florida	~	_	
	of Florida registered agent: (P.O. Bo	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty lia 122 6 neipal Office) of Florida registered agent: (P.O. Box NOT ac	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, E.S. to determine penalty liability) 122 8212 37th Avenue Circle West 6. (Mailing Address) Bradenton, FL 34209 of Florida registered agent: (P.O. Box NOT acceptable) Veronica Socas	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 122 6. Bradenton, F1, 34209 Veronica Socas (P.O. Box NOT acceptable) Veronica Socas	

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: | Gerardo Garcia Name: Veronica Socas Manager Manager PO Box 290827 Address: Address: 8212 37th Avenue Circle West Member **■**Member Bradenton, FL 34209 El Paso, TX 79929 Authorized Authorized Person Person Other_ Other_____ Other Other Manager Manager Name: _____ Name: ______ Member Address: _____ Member Address: _____ Authorized Authorized Person Person Other Other____ Other____ Other Manager Manager Member Address: Member Authorized Authorized Person Person Other____ Other Other___ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Signature of an authorized person

Typed or printed name of signee

Veronica Socas



State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Backhand Volley, LLC

This entity was formed on March 2, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

Julie Cimber



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective March 2, 2020.

Julie Anderson Commissioner



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2020

VERONICA SOCAS 8212 37TH AVENUE CIRCLE WEST BRADENTON, FL 34209 US

SUBJECT: BACKHAND VOLLEY, LLC

Ref. Number: W20000029445

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

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

Letter Number: 820A00006101

RECEIVED
MAR 3 0 2020