## Q 150000000058

(Requestor's Name)					
. (Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500274581375

500274561375 07/01/15--01011--009 \*\*35.00

15 JUL -1 AN 9: 45
SECRETARY OF STATE

JIL - 6 2015 T. HAMPTOES



Austin J. Dragoo, Esq. ADragoo@sheftalltorres.com PH: (904) 638-3995

June 29, 2015

via U.S. Mail Department of State **Division of Corporations** Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Designation of Registered Agent and Registered Office for Alien Business

**Organization** 

Dear Sir or Madam:

Attached you will find the Designation of Registered Agent and Registered Office for Alien Business Organization, Sameach Corporation, to be filed in accordance with Section 607.0505, Florida Statutes. Thave also enclosed check # 1257 for \$35.00 representing payment in full of all applicable filing fees.

Should you need anything further, please do not hesitate to me at (904) 638-3995 or ADragoo@sheftalltorres.com.

Best regards,

Austin J. Dragoo

Enclosure(s)

## DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. Sameach Corporatio				
	(Name of alien business orga	nization)		
2. Delaware	•	3. <u>N/A</u>		
(State or country under which entity is organized)		<i>-</i>	(FEI Number, if app	plicable)
•				せるさ
4. 1 Independent Drive	e, Suite 3201, Jacksonville, FL 32202	•		E C
	(Principal office addre	ss)		프쥬 두 .
5. Name and Florida Street address of registered agen			TAS -	
·	,			SEC TOP
	John T. Sefton, Esq.		<del></del>	四年三年
	1 Independent Drive, Suite 3201			AH 9: 45 Y OF STATE SEE, FLORIC
	Jacksonville, FL 32202	<del></del>		DA DA
7. //C 8. VOSE	(Signature of chairman, vice chairma	·	·	TOR
	(Name and capacity of person signing i	in number 🕇	above)	
9. Signature of register	red agent:			
2. Bigilatoro of register	od ugom.			
I hereby accept the ap	ppointment as registered agent. I am fam	iliar with	and accept the	obligations of sect
607.0505, Florida Stati	unes:			1
	At		6/2	4/15
(Registered agen	t accepting appointment)	_	(Dat	te)
¥	ノ)			
THE FILING OF	THIS ALIEN BUSINESS ORGANIZ	ZATION	FORM WIT	'H THE FLORII
	STATE DOES NOT AUTHORIZE T	ГНЕ АВС	OVE REFERE	NCED ENTITY

**FILING FEE \$35** 

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

TRANSACT BYSINESS IN THE STATE OF FLORIDA.