M1000001769

(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



600193021776

03/30/11--01005--018 **125.00

11 APR -7 PM 2:34

T. HAMPTON

APR - g zeil

EXAMINER

to 110

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: INVERT Marketing, LLC	${\tt C}$
	of Limited Liability Company
The enclosed "Application by Foreign Limited Liabili Existence, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter	er to the following:
Kate Stephenson	
	Name of Person
INVERT Marketing, LLC	
114VEIVE Marketing, ELO	Firm/Company
	,
4794 Raven Run	
	Address
Broomfield, CO 80023	•
	City/State and Zip Code
stenhenson@invertmar	keting com
E-mail address: (to l	keting.com be used for future annual report notification)
For further information concerning this matter, please	
·	
Kate Stephenson	at (307) 690-0754
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
	Registration Section
	Clifton Building 2661 Executive Center Circle
	Fallahassee, FL 32301
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 APR -7 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 31, 2011

KATE STEPHENSON INVERT MARKETING LLC 4794 RAVEN RUN BROOMFIELD, CO 80023

SUBJECT: INVERT MARKETING, LLC

Ref. Number: W11000018291

We have received your document for INVERT MARKETING, 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 document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00007818

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

consent	e unavailable, enter alternate name adopted for t of the managers or managing members adopti ny," "L.L.C," "LLC.")						
	oming sdiction under the law of which foreign limited	Jiability 3.	27-4688256	mhor if a	ipplicable)		
comp	pany is organized)	паотпу	un (d.1)	moer, ir z	іррпсавіс)		
4. 02	-02-2011	5.	perpetual				_
	(Date of Organization)		(Duration: Year limexist or "perpetual")	ited liabili	ty company wi	ll cease to	Y
6. 03	/14/2009					7	
<u> </u>	(Date first transacted busi (See sections 608.501 & 60	iness in Flori	da, if prior to registrati	on.) hility)		jė	_
₂ 47	94 Raven Run		s determine penanty na	J.111.63)			-
/. 	54 Navoli Nali						-
Bro	comfield, CO 80023					2.5 2.5	
	imited liability company is a manager-rename and usual business addresses of	managed co			are as follow	s:	
9. The	mited liability company is a manager-r	nanaged co	ompany, check here	anagers :	are as follow	s: MG	
9. The	imited liability company is a manager-rename and usual business addresses of	nanaged control the managed AH PeriNTER	ompany, check here	anagers i			6

Typed or printed name of signee

Heidi Horten-Stephenson

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

INVERT Mark	eting, LLC.	
If unavailable, the al	ternate to be used in the state of Flo	orida is:
2. The name and the	Florida street address of the registe	ered agent and office are:
Kat	e Stephenson	
Kat	Stephenson (Name)	
<u></u>		
<u></u>	(Name)	NOT ACCEPTABLE)
172	(Name) 4 Peruvian Lane	32792

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

INVERT MARKETING, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on January 27, 2011, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2011-000596078.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of February, 2011 at 1:58 PM. This certificate is assigned 009274028.



May Massield Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.