# M12-0000003936

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SECRETARY OF STATE

T. CLINE

JUL 1 2 2012

**EXAMINER** 

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Econologics Institute, LLC  Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact business.		
Please return all correspondence concerning this matter to the following:		
P. Christopher Music		
Name of Person		
Econologics Institute, LLC		
Firm/Company		
1739 Eagles Nest Drive		
Address		
Belleair, FL 33756		
City/State and Zip Code		
namuaia@uahaa aam	•	
pcmusic@yahoo.com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	20	
P. Christopher Music at ( 727 ) 2786757 목표	2012 選集	
Name of Person Area Code & Daytime Telephone Number		esponential esponential
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	1 Mg 70: 52	parcon.
Enclosed is a check for the following amount:  \$\sigma\$\$ \$125.00 \text{ Filing Fee} \text{ \$\$130.00 \text{ Filing Fee & Certificate of Status} \$\$ \$\$ Certified Copy \$\$ \$\$ of Status & Certified Copy	÷	

#### 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:

1 Econologics Institute, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Poteign Limited Liability Company, must include Limited Liability Company, L.L.C., of LLC.)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writted consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	en
2. Wyoming 3. 90-0732695	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. November 5,2007 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6. July 1, 2012	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1739 Eagles Nest Drive	
Belleair, FL 33756	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
P. Christopher Music	. ¥
	andre Mere
	-4.
	- <b>4</b> 18 544 11 - 11
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having clistody of ecords in	n
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	11
translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: Seminars, sale of books,	
multi-media educational materials, training of financial advisors	
Q NH2 =	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the	
penalties of perjury that the facts stated herein are true. 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.)	
P. Christophen Music	
Typed or printed name of signee	

#### 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.

. The name of the Limited Liability Company is:	
Econologics Institute, LLC	
f unavailable, the alternate to be used in the state of Florida is:	-
Econologics, LLC	_
. The name and the Florida street address of the registered agent and office are:	
P. Christopher Music	
(Name)	
1739 Eagles Nest Drive	2012
Florida Street Address (P.O. Box NOT ACCEPTABLE)	Anne
Belleair <sub>FL</sub> 33756	= [
City/State/Zip	<b>9</b> [1
laving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate. I hereby accept the appointment as register gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes elating to the proper and complete performance of my duties, and I am familiar with and accept the bligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.  (Signature)  \$ 100.00 Filing Fee for Application	red
\$ 25.00 Designation of Registered Agent	

**Certified Copy (optional)** 

5.00 Certificate of Status (optional)

\$ 30.00

### 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,

## is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 5, 2007**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2007-000545590**.

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 6th day of July, 2012 at 10:32 AM. This certificate is assigned 012329930.



Maj Massiello
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.