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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

Chloeta Fire, LLC

Name of Limited Liability Company

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:

Chet Dodrill
Name of Person
Chloeta Fire, LLC
Firm/Company
1050 E. 2nd St. #285
Address
Edmond, OK 73034
City/State and Zip Code
info@chloetafire.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chet Dodrill

<u>.</u>877

245-6382 x3615

Name of Contact Person

Area Code

Daytime Telephone Number

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

2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee & Certificate of Status

□ \$155.00 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:

f name unavailable, enter alternate name adopted fiability Company," "L.L.C," or "LLC.")	for the purpose of transacting business in Florida. The alterna	te name must include "Limite
Oklahoma	_{3.} 26-3474042	
(Jurisdiction under the law of which foreign limit company is organized)		plicable)
N/A		72 20 TAPE
(Date first trai	nsacted business in Florida, if prior to registration.) 5.0904 & 605.0905, F.S. to determine penalty liability)	語り
812 N. 14th St.		ASS ASS
Jay, OK 74346		F. T.
	(Street Address of Principal Office)	BRIE 35
1050 E. 2nd St. #285		5m v
Edmond, OK 74346		
	(Mailing Address)	
 The name, title or capacity and add 	ress of the person(s) who has/have authority to	manage is/are:
• •	•	manage is/are:
. The name, title or capacity and addr	•	manage is/are:
• •	•	manage is/are:
• •	•	manage is/are:
Mark Masters, CEO/Own	er, same as mailing	
Mark Masters, CEO/Owner Attached is an original certificate of o	er, same as mailing existence, no more than 90 days old, duly auth	enticated by the officia
Attached is an original certificate of aving custody of records in the jurisdic	er, same as mailing existence, no more than 90 days old, duly authorition under the law of which it is organized. (A	enticated by the official
Mark Masters, CEO/Owner Attached is an original certificate of eaving custody of records in the jurisdice.	er, same as mailing existence, no more than 90 days old, duly auth	enticated by the official
Attached is an original certificate of aving custody of records in the jurisdicceptable. If the certificate is in a foreign	er, same as mailing existence, no more than 90 days old, duly authorition under the law of which it is organized. (A	enticated by the official
Attached is an original certificate of aving custody of records in the jurisdicceptable. If the certificate is in a foreign	er, same as mailing existence, no more than 90 days old, duly authorition under the law of which it is organized. (A	enticated by the official

Chet Dodrill

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Chloeta Fire, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
	FSE S
2. The name and the Florida street address of the registered agent and office are:	ML-6
REGISTERED AGENTS INC.	Fig. 2 C
(Name)	FLORIE FLORIE
3030 N. Rocky Point Dr., STE 150A	Ÿr •
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tampa 33607	_
City/State/Zip	-

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 605, Florida Statutes.

Bill Havre/Assistant Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE

2015 JUL -6 PM 4: 35

SLCRETARY OF STATE

SLCRETARY OF STATE

AHASSEE, FLORIDA

CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>CHLOETA FIRE, LLC</u> whose registered agent is <u>MARK DALLAS MASTERS</u>, with its registered office at <u>812 N 14TH ST JAY 74346</u> <u>USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>2nd</u>, day of <u>June</u>, <u>2015</u>.

Secretary Of State