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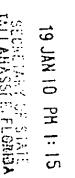
(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate	s of Status
Special Instructions to		

Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT. 201810WY-27, LLC		•
3000		imited Liability (Company
The en Exister	nclosed "Application by Foreign Limited Liability Compa nce, and check are submitted to register the above referen	ny for Authoriza	tion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida
Please	return all correspondence concerning this matter to the fo	ollowing:	
	Nar	ne of Person	
	Anderson Business	Advisor	3
	Fin	m/Company	
	3225 McLeod Drive,	Suite 1	00
		Address	
	Las Vegas, Nevada	89121	
	City/Sta	te and Zip Code	
	E-mail address: (to be used	for future annual	report notification)
For fu	rther information concerning this matter, please call:		
	Mary Brooks	800 at (,706-4741
	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 Tallahassee, FL 32301

☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Durisdiction under the law of which foreign (Durisdiction under the law of which foreign (See 1718 Capitol Ave. Cheyer (Sucet Address of Principal Capitol Ave. Address of Principal Capitol Ave. And Street address of Floring Name: And Office Address: 1000	ate first transacted business in Florida, if prior to e sections 605,0904 & 605,0905, F.S. to determi nne, WY 82001	7. (FEI of registration) The penalty liability) 6. 1718 Capitol Ave. Charling (Mailing of Moraceptable)	uunber, if applicable)
(Jurisdiction under the law of which foreign (Dick) 1718 Capitol Ave. Cheyer (Street Address of Principal (Control Address of Principal (Control Address of Principal (Control Address of Flow) Name: And Office Address: 100(orida registered agent: (P.O. Box	registration) ne penalty liability) 6. 1718 Capitol Ave. Ch (Mailing a	
Name: Address: 1000	orida registered agent: (P.O. Box	registration) ne penalty liability) 6. 1718 Capitol Ave. Ch (Mailing A	
Name: Address: 1000	orida registered agent: (P.O. Box	6. 1718 Capitol Ave. Ch (Mailing A) NOT acceptable)	neyenne, WY 82001
Name: Address: 1000	orida registered agent: (P.O. Box	6. 1718 Capitol Ave. Ch (Mailing A) NOT acceptable)	neyenne, WY 82001
(Street Address of Principal Control of Florida Name and street address of Florida Name: And Office Address: 1000	orida registered agent: (P.O. Box erson Registered Agents, Inc	NOT acceptable)	neyenne, WY 82001
Name and <u>street address</u> of Fl Name: <u>And</u> Office Address: <u>100</u> 0	orida registered agent: (P.O. Box erson Registered Agents, Inc	NOT acceptable)	Address)
Name: And Office Address: 1000	erson Registered Agents, Inc		
Office Address: 1000			
) North Washington Boulevar	·	
Sara		d	
	asota	, Florida 34236	
	y position as registered agent. (Registered agent's	signature)	
	•	•	
	id address of the person(s) who ha		e: Name and Address:
The name, title or capacity as <u>Title or Capacity:</u>	Name and Address:	<u>Title or Capacity:</u>	
Title or Capacity:	Name and Address:	•	
	·	Manager	Jeffrey Krammer
Title or Capacity:	Name and Address: Thomas Laney	•	Jeffrey Krammer
Title or Capacity: Manager	Name and Address: Thomas Laney 1716 Capitol Ave Cheyenne, WY 82001	Manager	Jeffrey Krammer 1718 Captol Ave Cheyenne, WY 82001
Title or Capacity:	Name and Address: Thomas Laney	•	Jeffrey Krammer

Typed or printed name of signee

Mary Brooks - Authorized Person

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

201810WY-27, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 8, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000823629**.

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 9th day of January, 2019 at 9:24 AM. This certificate is assigned 029346026.

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.