

MIA00001618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

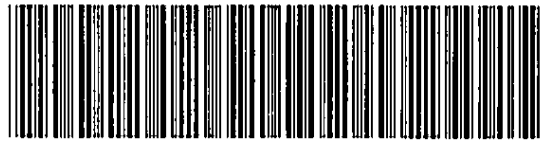
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500323764235

01 20 13 08:29 AM '19

2019 FEB 13 A 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

alisho



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2019

JASON CORBIERE  
1673 SE MANTH LN  
PORT ST LUCIE, FL 34983

SUBJECT: SECRET SEQUENCE LLC  
Ref. Number: W19000010472

FILED  
2019 FEB 13 A 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SECRET SEQUENCE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 319A00002375

2019 FEB 13 PM 12:50



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:

1. Secret Sequence LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of Wyoming, USA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-3465298
(FED number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1673 SE Manth Ln
(Street Address of Principal Office)

6. 7548 S US HIGHWAY 1 NUM 136
(Mailing Address)

Port St Lucie, FL 34983

PORT ST LUCIE, FL 34952

2019 FEB 13 A 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jason Corbiere

Office Address: 1673 SE Manth Ln

Port St Lucie, Florida 34983
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

Manager Name: Jason Corbiere  
 Member Address: \_\_\_\_\_  
 Authorized 1673 SE Manth Ln  
 Person Port St Lucie FL 34983  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

Manager Name: Austin Maier  
 Member Address: \_\_\_\_\_  
 Authorized 415 Oleander Ave  
 Person Port St Lucie 34952  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

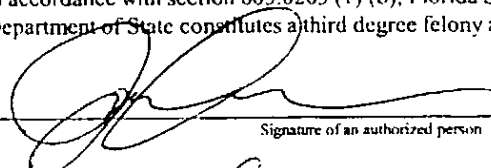
2019 FEB 13 A 8:29  
 STATE ARCHIVE OF FLORIDA  
 TALLAHASSEE, FLORIDA

FILED

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Jason Corbiere  
 \_\_\_\_\_  
 Typed or printed name of signee

**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,

**SECRET SEQUENCE LLC**

is a

**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 21, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000777372**.

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, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of February, 2019 at 7:14 AM. This certificate is assigned 029814837.



*Edward A. Buchanan*  
Secretary of State

2019 FEB 11 8:08 AM  
FILED  
TALAHASSEE FLORIDA

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.