

W19000091555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

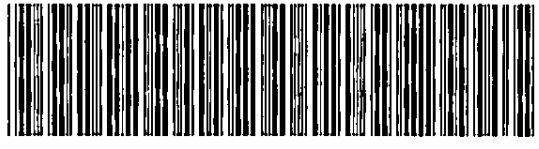
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Special Instructions to Filing Officer:

W19000093788

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2019

JOSHUA O. DORCEY, ESQ.
10181-C SIX MILE CYPRESS PKWY.
FORT MYERS, FL 33966

SUBJECT: BERT FAMILY WYOMING, LLC
Ref. Number: W19000093788

We have received your document for BERT FAMILY WYOMING, 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):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Yvette Scott
Document Specialist II

Letter Number: 019A00021814

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NOV 27 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bert Family Wyoming, 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:

Joshua O. Dorcey, Esq.

Name of Person

The Dorcey Law Firm, PLC

Firm/Company

10181-C Six Mile Cypress Pkwy

Address

Fort Myers, FL 33966

City/State and Zip Code

registeredagent@dorceylaw.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Josh Dorcey

239

418-0169

Name of Contact Person

at ()

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee

\$130.00 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:

1. Bert Family Wyoming, 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. Wyoming 3. 83-4580299

(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 3650 Lakeview Isle Ct. 6. 3650 Lakeview Isle Ct.

(Street Address of Principal Office) (Mailing Address)
Fort Myers, FL 33905 Fort Myers, FL 33905

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

Name: DLF Registered Agent Service, LLC

Office Address: 10181-C Six Mile Cypress Pkwy

Fort Myers, Florida 33966
(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)

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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: Manager **Name and Address:** Name: John C. Bert
 Member Address: _____
 Authorized 3650 Lakeview Isle Ct.
 Person Fort Myers, FL 33905
 Other _____ Other _____

Manager **Name and Address:** Name: Janice G. Bert
 Member Address: _____
 Authorized 3650 Lakeview Isle Ct.
 Person Fort Myers, FL 33905
 Other _____ Other _____

Manager **Name and Address:** Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager **Name and Address:** Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager **Name and Address:** Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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 STATE SECRETARY

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.

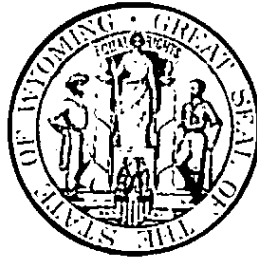
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

John C Bert
 Signature of an authorized person
John C Bert
 Typed or printed name of signee

State of Wyoming

Office of the Secretary of State



United States of America, }
State of Wyoming } ss.

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

Bert Family Wyoming, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 26, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000853270**.

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 19th day of November, 2019 at 11:42 AM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Edward A. Buchanan

Secretary of State

By *Rosalie Gonzales*

Rosalie Gonzales