

MA00000005762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

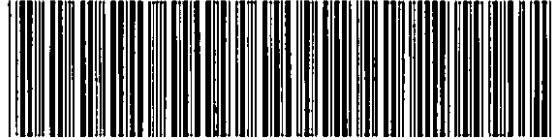
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sophie Asset Management, 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

Steven Fluckiger
Name of Person
Legally Mine
Firm/Company
P.O. Box 1629
Address
Orem, UT 84059
City, State and Zip Code
steven.f@legallymineusa.com
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Fluckiger at (800) 375-2453 Ext. 139
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
2601 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. Sophie Asset Management, 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. Alaska 85-0732198
(Jurisdiction under the law of which foreign limited liability company is organized) (LL 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. 505 Old Steese Hwy Ste 122 Fairbanks, AK 99701
6. 200 W. 34th Ave. #977 Anchorage, AK 99503
(Street Address of Principal Office) (Mailing Address)

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

Name: Victor Owoc
Office Address: 11945 SW 15th Ct.
Davie, Florida 33325
(City) (Zip Code)

Vertical stamp: RECEIVED... APR 26 4 49 PM '02

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.

Signature of Victor Owoc
(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 Victor Owoc
 Member Address 11945 SW 15th Ct.
 Authorized Davie, FL 33325
Person _____
 Other _____ Other _____

Manager Name _____
 Member Address _____
 Authorized _____
Person _____
 Other _____ Other _____

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

Title or Capacity: Name and Address:
 Manager Name Erin Owoc
 Member Address: 11945 SW 15th Ct.
 Authorized Davie, FL 33325
Person _____
 Other _____ Other _____

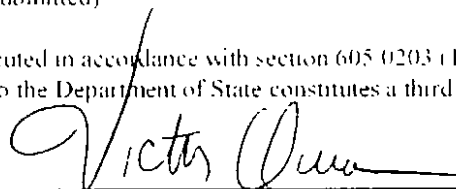
Manager Name _____
 Member Address _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name _____
 Member Address _____
 Authorized _____
Person _____
 Other _____ Other _____

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

Victor Owoc

Typed or printed name of signer

Alaska Entity #10128571

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Sophie Asset Management, LLC

This entity was formed on March 26, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective April 16, 2020.

A handwritten signature in cursive script that reads "Julie Anderson".

Julie Anderson
Commissioner