

F100000000474

(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



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11/16/15--01009--016 **35.00

Doneal

FILED
15 DEC 15 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 16 2015
A RAMSEY

*00789, 00524, 00671.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tarian Management, Inc

Name of Corporation

DOCUMENT NUMBER: F10000000474

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leland Goldston

Name of Contact Person

Tarian Management, Inc

Firm/Company

1497 Main St #242

Address

Dunedin, FL 34698

City/State and Zip Code

leland@tarianmanagement.com

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

For further information concerning this matter, please call:

Leland Goldston

Name of Contact Person

at (727) 560-1155

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2015

Leland Goldston
Tarian Management Inc.
1497 Main St. #242
Dunedin, FL 34698

SUBJECT: TARIAN MANAGEMENT, INC.
Ref. Number: F10000000474

We have received your document for TARIAN MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is still incorrect. We need a certified copy showing the actual change of jurisdiction from Nevada to Wyoming. It would be similar to the certificate that you have submitted signed by the Secretary of State in Wyoming but would state in the certified copy that the domicile moved from Nevada to Wyoming. The corporate resolution that you included is not sufficient.

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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 215A00025467



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2015

Leland Goldston
Tarian Management Inc
1497 Main St #242
Dunedin, FL 34698

SUBJECT: TARIAN MANAGEMENT, INC.
Ref. Number: F10000000474

We have received your document for TARIAN MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include a certified copy showing the move from Nevada to Wyoming. The corporate resolution that you submitted is not a certified copy.

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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 215A00024296

RECEIVED
15 DEC -2 PM 3:33

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F10000000474

(Document number of corporation (if known))

FILED
15 DEC 15 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Tarian Management, Inc

(Name of corporation as it appears on the records of the Department of State)

2. Nevada

(Incorporated under laws of)

3. 01/28/2010

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Wyoming

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands
of a receiver or other court appointed fiduciary, by that fiduciary)

Leland Goldston

President

(Typed or printed name of person signing)

(Title of person signing)

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

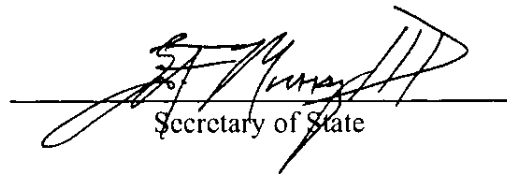
Tarian Management, Inc
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **October 17, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000697261**.

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 14th day of December, 2015 at 7:43 AM. This certificate is assigned 019066222.




Secretary of State



Wyoming Secretary of State
State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: Business@wyo.gov

Ed Murray, WY Secretary of State
FILED: 10/17/2015 11:18 AM
ID: 2015-000697261

Foreign Profit Corporation Articles of Continuance

Pursuant to W.S. 17-16-1810 of the Wyoming Business Corporation Act, the undersigned hereby submits the following Articles of Continuance:

1. Corporation name:

Tarian Management, Inc.

2. Incorporated under the laws of: Nevada

(State or country of organization)

3. Date of incorporation: 10/24/2008

(Date - mm/dd/yyyy)

4. Period of duration: Perpetual

(This is referring to the length of time the corporation intends to exist and not the length of time it has been in existence. The most common term used is "perpetual." You may refer to your Articles of Incorporation or contact the Corporations Division in your state of incorporation for your period of duration.)

5. Mailing address of the corporation:

109 East 17th Street Suite 410
Cheyenne, WY 82001

6. Principal office address:

109 East 17th Street Suite 410
Cheyenne, WY 82001

7. Name and physical address of its registered agent:

(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. The registered agent must have a physical address in Wyoming. A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)

Registered Agents of Wyoming, LLC
400 East 20th Street
Cheyenne, WY 82001

Received
OCT 12 2015
Secretary of State
Wyoming

8. Purpose of the corporation which it proposes to pursue in the transaction of business in the state:

All lawful business activity

9. Names and respective addresses of its officers and directors:

Office	Name	Address
President	AT Mathis (Nominee)	3225 Mcleod Drive #100 Las Vegas, NV 89121
Vice President		
Secretary	AT Mathis (Nominee)	3225 Mcleod Drive #100 Las Vegas, NV 89121
Treasurer	AT Mathis (Nominee)	3225 Mcleod Drive #100 Las Vegas, NV 89121
Director	AT Mathis (Nominee)	3225 Mcleod Drive #100 Las Vegas, NV 89121
Director		
Director		

10. Aggregate number of shares or other ownership units which it has the authority to issue, itemized by classes, par value of shares, shares without par value and series, if any, within a class:

Number of Shares	Class	Series	Par Value per Share
5000	Common	N/A	.0001

11. Aggregate number of issued shares or other ownership units itemized by classes, par value of shares, shares without par value and series, if any, within a class:

Number of Shares	Class	Series	Par Value per Share
4200	Common	N/A	10.00

12. The corporation accepts the constitution of the state of Wyoming in compliance with the requirement of Article 10, Section 5 of the Wyoming Constitution.

Signature: _____

Date: _____

10/7/2015
(mm/dd/yyyy)

Print Name: Leland Goldston

Title: Authorized Individual

Contact Person: Kelly Bell

Daytime Phone Number: (877) 239-2608

Email: agents@mywyomingllc.com

State of Florida

County of Pinellas

Subscribed and sworn to before me this 7th day of October, 2015.

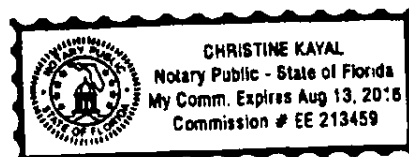
by Leland Goldston

SEAL

Christine Kayal

Notary Public

My commission expires: 13th August 2016





Wyoming Secretary of State

State Capitol Building, Room 110

200 West 24th Street

Cheyenne, WY 82002-0020

Ph. 307.777.7311

Fax 307.777.5339

Email: Business@wyo.gov

Consent to Appointment by Registered Agent

I, **Registered Agents of Wyoming, LLC**, registered office located at
(name of registered agent)

**400 East 20th Street
Cheyenne, WY 82001**

voluntarily consent to serve

** (registered office physical address, city, state & zip)*

as the registered agent for **Tarian Management, Inc.**

(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: Kelley Bell
(Shall be executed by the registered agent.)

Date: **10/06/2015**
(mm/dd/yyyy)

Print Name: **Kelley Bell** Daytime Phone: **(877) 239-2608**

Title: **Authorized Individual** Email: **agents@mywyomingllc.com**

Registered Agent Mailing Address
(if different than above): **711 S. Carson Street Suite 4
Carson City, NV 89701**

***If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)

Checklist


☐ Submit one **originally signed** consent to appointment and one exact photocopy.

**CORPORATE RESOLUTION
AUTHORIZING MOVING THE CORPORATE DOMICILE
FROM THE STATE OF NEVADA TO THE STATE OF WYOMING**

Tarian Management, Inc. organized and existing under the laws of Nevada and having its principal place of business at 3225 McLeod Drive #100 Las Vegas, NV 89121 hereby certifies that this resolution was adopted by the Corporation Board of Directors at a meeting held on October 6, 2015 at which a voting quorum existed and was maintained throughout and that the resolution adopted at the meeting was voted, recorded and now is in full effect according to the charter, provisions and operating agreement of the corporation.

RESOLVED: That the Corporation approves the move of the corporate domicile from the State of Nevada to the State of Wyoming and that once continued will be dissolved in the former Nevada domicile.

I further attest that this Corporation is legally registered and organized, and that it is empowered through the bylaws to take such actions as are called for by this resolution.



Authorized Individual

 10/7/2015

Date



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov



139204

Certificate of Dissolution

(PURSUANT TO NRS 78.580)

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number 20150462254-71
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time 10/19/2015 8:34 AM
	Entity Number E0675242008-5

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Dissolution For a Nevada Profit Corporation

Before or After Issuance of Stock and After Beginning of Business
(Pursuant to NRS 78.580)

1. Name of corporation:

Tarian Management, Inc.

2. The resolution to dissolve said corporation has been approved by the directors or both the directors and stockholders as provided in NRS 78.580(1) and (2). The names and addresses of the president, secretary, treasurer and all directors* are:

AT Mathis (Nominee) 3225 Mcleod Drive #100 Las Vegas, NV 89121
Name of president Address

AT Mathis (Nominee) 3225 Mcleod Drive #100 Las Vegas, NV 89121
Name of secretary Address

AT Mathis (Nominee) 3225 Mcleod Drive #100 Las Vegas, NV 89121
Name of treasurer Address

AT Mathis (Nominee) 3225 Mcleod Drive #100 Las Vegas, NV 89121
Name of director Address

Name of additional director, if any Address

3. Effective date and time of dissolution: (optional) Date:

Time:

(must not be later than 90 days after the certificate is filed)

4. Signature: (required)

X

Signature of Officer

Date

*attach a plain 8 1/2" x 11" sheet to list additional directors.

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.
This form must be accompanied by appropriate fees.

Nevada Secretary of State Dissolution Profit/After
Revised: 1-5-15

Continuation:

- Continuation occurs when an **out-of-state** or **out-of-country** entity wishes to transfer its state or country of formation to Wyoming and become a Wyoming entity.
- Additional amendments to the entity may be filed within the continuation document for no additional fee.
- Corporations and LLCs are required to provide a copy of the company's resolution authorizing the continuance.
- A copy of the Articles of Dissolution which you have yet to file in your home jurisdiction needs to be submitted with your continuance.
- Corporation, LLC, and Statutory Trust continuance filings must be notarized.
- A duplicate certificate of continuance must be sent to the home state or country in which the entity was formed.
- After the continuance has been processed in Wyoming, you will need to submit Articles of Dissolution to the state or country of formation of record prior to continuing into Wyoming.
 - Once the dissolution has been filed in the former domestic state, evidence of the dissolution, via a filed stamped copy, must be provided to Wyoming.

pulled this information
from

soswy.state.wy.us / Business/
Continuance ~~vs~~ Domestication.aspx