# F18000000971

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(3.7,023.2.2.2)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Gertificates of Status
Special Instructions to Filing Officer:





000307586760

01/17/18--01009--001 \*\*78.75



FIR 2 O MIN

W18000011590



February 5, 2018

JOHN STAGL 4830 WEST KENNEDY BLVD SUITE 600 TAMPA, FL 33609 US

SUBJECT: EZ SYSTEMS, LLC Ref. Number: W18000011590

We have received your document for EZ SYSTEMS, LLC and your check(s) totaling \$78.75. 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 the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 618A00002389

RECEIVED
FEB 2 6 2018

#### **COVER LETTER**

TO: Registration Section Division of Corpor							
SUBJECT: eZ Systems, I	.LC						
<del></del>		on - must include suffix					
Dear Sir or Madam:							
The enclosed "Application "Certificate of Existence," above referenced foreign c	or "Certificate of Good St	anding" and check are st					
Please return all correspon	dence concerning this mat	ter to the following:					
John Stagl							
	Name o	of Person					
eZ Systems, LLC							
	Firm/Co	ompany					
4830 West Kennedy Blvd., S	uite 600	_					
	Ad	dress	<del></del>				
Tampa, Florida 33609							
	City/State	and Zip code					
ifstagl@gmail.com							
	E-mail address: (to be use	d for future annual repor	t notification)				
For further information co	ncerning this matter, pleas	e call:					
John Stagl	at ( <sup>941</sup>	312-2258					
Name of Person	Area C	ode Daytime Tele	ephone Number				
STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the	following amount:						
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy				

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

i.	eZ Systems, LLC							_
	(Enter name of corporation; must include "INCORPORA" "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")	TED.	,"	"COMPANY," "CORPORATION,"				
	(If name unavailable in Florida, enter alternate corporate a	name	ac	dopted for the purpose of transacting	 busir	ness in Flo	orida)	-
2.	State of Wyoming		. 4	46-2619285				_
(State or country under the law of which it is incorporated)				(FEI number, if appl	icabl	c)		
4.	March 2, 2017	5				<u>-</u>		_
(Date of incorporation)				(Date of duration, if other th	an pe	erpetual)		
6.	January 2018							_
				Florida, if prior to registration) 22, F.S., to determine penalty liability	-)			
		007.1	1 _/\	2, 1.5., to determine penany habitry	,			
7.	4830 West Kennedy Blvd., Suite 600, Tampa, FL 33609	Princ	ina	d office address)				-
			·pe	i office addressy				
	1124 SW 79th Terrace, Gainesville, FL 32607 (Current	mail	ins	gaddress, if different)	-:	<u>→</u> ;;	<del>~</del>	_
	<b>\-</b>		•			<del></del>	r.J	
8	. Name and street address of Florida registered agent	: (P	О.	. Box NOT acceptable)		<u>4</u> .	8	=
0,						<i>:</i>	23	
	Name: John Stagl						70	
o	Office Address: 1124 SW 79th Terrace			· · · · ·		3 · · -	ىب	
	Cainocuilla			. Florida 32607		) ; <del>&gt;</del>	(J)	
	Gainesville (City)			(Zip code)				

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: John F. Stagl Address: 4830 West Kennedy Blvd., Suite 600, Tampa, Fl. 33609 Vice Chairman: \_ \_\_\_ \_\_\_ Address: \_\_\_\_ Director: \_\_\_ Address: Address: \_\_\_\_ **B. OFFICERS** President: John F. Stagl

1: ':

13. John F. Stagl

## Address: 4830 West Kennedy Blvd., Suite 600, Tampa, FL 33609 Vice President: Address: \_\_\_\_\_\_ Address: \_\_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

## STATE OF WYOMING Office of the Secretary of State

I, KAREN L. WHEELER, ACTING SECRETARY OF STATE OF THE STATE OF WYOMING, do hereby certify that

#### eZ Systems, LLC

a limited liability company originally organized under the laws of **Nevada** on **April 24**, **2013** did on **March 02**, **2017** apply for a Certificate of Organization and filed Articles of Continuance in the office of the Secretary of State of Wyoming.

I FURTHER CERTIFY that this limited liability company has renounced its state or country of organization, and is now organized under the laws of the state of Wyoming is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on **February 22, 2018**.



Filed Date: 03/02/2017

Acting Secretary of State

By: Jordyn Gray