# H0800001825

(Re	equestor's Name)	·
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
(Bu	usiness Entity Nam	ne)

Special Instructions to Filing Officer:

L. SELLERS

APR 1 6 2008

**EXAMINER** 

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SECRETARY OF STATE

2008 APR 14 AHII: 08

### Corporate direct/

Creating Your Financial Future®

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-824-0300 - Main 775-824-0105 - FAX 775-284-7168 - Mike Martin Direct

April 9, 2008

Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Irie Investments LLC

Dear Clerk:

Enclosed please find two original copies of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above-captioned entity. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity.

Thank you for your kind attention to this matter, should you have any questions concerning this application please do not hesitate to contact me.

Best Regards,

Mike Martin

Account Representative

:mm

**Enclosures** 

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Irie Investments LLC (Name of Li	imited Liability Company)
Florid		Liability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please	return all correspondence concerning this	matter to the following:
	Mike Martin	
	$\mathcal{O}$	Name of Person)
	Corporate Direct, Inc.	
	(I	Firm/Company)
	348 Mill Street	
		(Address)
	Reno, NV 89501	
	(City/	State and Zip Code)
For fu	rther information concerning this matter, p	please call:
	Mike Martin	at ( 775 ) 284-7168
	(Name of Person)	(Area Code & Daytime Telephone Number)
	MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed is a check for the following amount:  \$\sum \\$125.00 \text{ Filing Fee}   \\$130.00 \text{ Filing Fee}  \text{Certificate}\$	& \$\int_{\sqrt{155.00}} \text{Filing Fee & \$\sqrt{\$160.00}\$ Filing Fee, \$\frac{\cong}{\cong}\$ tificate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

LIMITED LIABILITY COMPA	ANY TO TRANSACT BUSINESS IN THE S	TATE OF FLORIDA:
, Irie Investments	s LLC	
(Name of Foreign Li	mited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
	managing members adopting the altern	of transacting business in Florida and attach a copy of the writate name. The alternate name must include "Limited Liability
y Wyoming	3	
(Jurisdiction under the law company is organized)	w of which foreign limited liability	(FEI number, if applicable)
<sub>4.</sub> March 27, 2008		Perpetual
(Date of O	Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	(Date first transacted business in Flori	
(	See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
<sub>7.</sub> 60 East Simps	on Avenue	
Jackson, WY 8		
	(Street Address of	Principal Office)
8. If limited liability co	ompany is a manager-managed c	ompany, check here 🗸
9. The name and usual	business addresses of the manag	ging members or managers are as follows:
Damion Johnson	on, PO Box 2869, 60 Eas	t Simpson Avenue, Jackson, WY 83001
Melecia Johnso	on, PO Box 2869, 60 Eas	t Simpson Avenue, Jackson, WY 83001
the jurisdiction under the law		ys old, duly authenticated by the official having custody of records is not acceptable. If the certificate is in a foreign language, a tted.)
11. Nature of business	or purposes to be conducted or p	promoted in Florida:
To hold and ma	anage investments	7A
	Mile Martin	ZEGRETALLAHA
S	Signature of a member or an auth	orized representative of a member $\geq$
Į,	In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury	, the execution of this document constitutes ?: ?  y that the facts stated herein are true.)
_	Mike Martin	
	Typed or printed r	name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Co	ompany is:	
Irie Investments LLC		
If name unavailable, the alternate name	to be used in the stat	e of Florida is:
2. The name and the Florida street address	ess of the registered	agent and office are:
Gerri Detweiler		
· · · · · · · · · · · · · · · · · · ·	(Name)	
1037 Greystone I	Lane	
Florida Street	Address (P.O. Box NO	<u>r</u> acceptable)
Sarasota	FL	34232
	City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Seri Detwerten

(Signature) (S

## STATE OF WYOMING Office of the Secretary of State

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

#### IRIE INVESTMENTS LLC

is a

#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 27, 2008**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2008-000552492**.

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 8th day of April, 2008 at 5:57 PM. This certificate is assigned 002685923.



May Massiello
Secretary of State

Z008 APR ILL AM III: 08
SECRETARY OF STATE

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.