H0800004394

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
☐ PICK-UP ☐ WAIT ☐ MAIL		
WAIT WAIT		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
SEP 232008		
Harry A. E. M.R. I.S. O. Frances		
EXAMINER		

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SECRETARIO SERIE TALLAHASSEE FLORIDA

R SED 33 AU O. O.

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
•	
SUBJECT: PK5000, LLC	
	Liability Company)
The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submitability company to transact business in Florida	ity Company for Authorization to Transact Business in itted to register the above referenced foreign limited
Please return all correspondence concerning this matter	er to the following:
Cammie Warburton	
(Name	of Person)
Corporate Direct, Inc.	
	Company)
2448 Meridian Boulevard, Suite H	
(Ac	ldress)
Minden, Nevada 89423	
(City/State	and Zip Code)
For further information concerning this matter, please	call:
	at (775) 284-7162
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of State	\$155.00 Filing Fee & \$\square\$

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:

1. PK5000, LLC	
(Name of Foreign Limited	d Liability Company)
Wyoming (Jurisdiction under the law of which foreign limited liability company is organized)	y (FEI number, if applicable)
4. 9/18/2006 (Date of Organization)	5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in (See sections 608.501 & 608.502 F	Florida, if prior to registration.) F.S. to determine penalty liability)
7. 60 East Simpson Avenue/Box 2869	
Jackson, WY 83001	ess of Principal Office)
(Street Addre	ess of Principal Office)
8. If limited liability company is a manager-manage	ed company, check here
9. The name and usual business addresses of the ma	anaging members or managers are as follows:
Mark Gonzales, Post Office Box 2869, Jackson, WY	′ 83001
Geraldine Gonzales, Post Office Box 2869, Jackson	n, WY 83001
Lydia Simpelo 46 Constancio Simpelo, Lydia Consancio , Post Office E	3ox 2869, Jackson, WY 83001
•	90 days old, duly authenticated by the official having custody of records in copy is not acceptable. If the certificate is in a foreign language, a submitted.)
11. Nature of business or purposes to be conducted	•==4
To hold and manage investments	8 80
Signature of a member of an (in accordance with section 608.408(3) an affirmation under the penalties of p	authorized representative of a member. (b), F.S., the execution of this document constitutes perjury that the facts stated herein are true.)

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.

ame of the Limited Liability	Company is:	
LC		
ame and the Florida street ad	Idress of the registered agent and office are:	
Gerri Detweiler		
	(Name)	
1037 Greystone Lane		
Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)	
Sarasota	FL 34232	
-	City/State/Zip	···
	Gerri Detweiler 1037 Greystone Lane Florida Str	Gerri Detweiler (Name) 1037 Greystone Lane Florida Street Address (P.O. Box NOT ACCEPTABLE) Sarasota FL 34232

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.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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,

Pk5000, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 18, 2006**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2006-000521775**.

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 15th day of September, 2008 at 11:31 AM. This certificate is assigned 003769831.



Maj Massiele Secretary of State

D8 SEP 22 AH 8: 14

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.