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SELVALVESSEE FLORIDA

B. BOSTICK

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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Amber Book Company 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:	
Keith Darrell	
Name of Person	
Amber Book Company LLC	
Firm/Company	
22095-103 Las Brisas Circle	
Address	
Address Boca Raton, FL 33433 City/State and Zip Code info@amberbookcompany.com E-mail address: (to be used for future annual report notification)	•
City/State and Zip Code	-
info@amberbookcompany.com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of 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 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sigma\$	

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. Amber	r Book Company LLC ne of Foreign Limited Liability Company; must in	nclud	le "Limited Liability Company," "L.L.C.," or "LLC.")	
consent of th			e of transacting business in Florida and attach a copy of the wante name. The alternate name must include "Limited Liability	
2. Wyomir	ng	3.		
	on under the law of which foreign limited liabilit is organized)	ty	(FEI number, if applicable)	
4. <u>May 20</u>		5.	perpetual	
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
6				
	(Date first transacted business in (See sections 608.501 & 608.502 I			
7. 22095	5-103 Las Brisas Circle			
Boca F	Raton, FL 33433		₩.	
 		ess o	f Principal Office)	
8. If limite	ed liability company is a manager-manag	ed c	company, check here	<u>!</u>
9. The nam	me and usual business addresses of the m	ana	ging members or managers are as follows:	
			TENTA TE	فر
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 	· · · · · · · · · · · · · · · · · · ·		<u></u>	
	•		rys old, duly authenticated by the official having custody of recor	dsin
	on under the law of which it is organized. (A photoc f the certificate under oath of the translator must be s		is not acceptable. If the certificate is in a foreign language, a itted.)	
11. Nature	e of business or purposes to be conducted	l or i	promoted in Florida: book publishing	
	F		• • • • • • • • • • • • • • • • • • •	
	MI	$\overline{\lambda}$		
	Signature of a member or an	auth	norized representative of a member.	
	(In accordance with section 608.408(3), F.S., the e	xecut	tion of this document constitutes an affirmation under the	
			. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)	

Typed or printed name of signee

Keith Darrell

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.

	the Limited Liability Cor	•			
If unavailable, th	ne alternate to be used in	the state of Floric	la is:		
2. The name and	d the Florida street addres	ss of the registere	d agent and office ar	e:	
,	Keith Darrell				
		(Name)			
:	22095-103 Las Bris Florida Street A	as Circle	OT ACCEPTABLE)	SLUKE	
	Boca Raton	FL City/State/Zi	33433 _P	SSEE, FLI	2
liability company agent and agree relating to the pr	ned as registered agent an o at the place designated in to act in this capacity. I fi oper and complete perform o position as registered ago (Si	n this certificate, I urther agree to commance of my dutienent as provided for grature)	hereby accept the ap, mply with the provisions, and I am familiar w	pointment as r ons of all statu vith and accept	డు nited registered tes

\$ 25.00 Designation of Registered Agent **Certified Copy (optional)**

\$ 5.00 Certificate of Status (optional)

\$ 30.00

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,

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 27, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000602241**.

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 24th day of June, 2011 at 12:24 PM. This certificate is assigned 010251417.



Mal Malliell

Secretary of State LAHASSEE FLORIE

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.