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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(-1,7-2-1,7-1,7-1,7-1,7-1,7-1,7-1,7-1,7-1,7-1,7					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					

Special Instructions to Filing Officer:

A. LUNT

AUG 19 2011

EXAMINER

Office Use Only



600211044216

08/17/11--01024--013 **155.00



COVER LETTER

SUBJECT: U	& B 65, LLC	Name of Limited Liability Company	
The enclosed "A Existence, and c	pplication by Foreign Limited L heck are submitted to register the	iability Company for Authorization to Transact Business in I e above referenced foreign limited liability company to transa	Florida," Certificate of act business in Florida
Please return all	correspondence concerning this	matter to the following:	
		Jennifer Cabble	
		Name of Person	
		Incorp Services, Inc.	
		Firm/Company	20
	2360	Corporate Circle, Suite 400	ECRE
		Address	2011 AUG 17 SECRETARY ALLAHASSE
	Не	enderson, NV 89074-7722	ETARY OF ST
		City/State and Zip Code	SPA S
		Ilwilliamsinc.@gmail.com s: (to be used for future annual report notification)	<u> </u>
For further infor	mation concerning this matter, p	lease call:	
lonni	fer Cabble for Incorp Ser	vices, Inc. at 702 \ 866-2500	
Jenn	Name of Person	Area Code & Daytime Telephone Number	
Divisio Registra P.O. Bo	n of Corporations ation Section bx 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following am Filing Fee \$130.00 Filing Certificate of	Fee & \$\int\\$155.00 Filing Fee & \$\int\\$160.00 Filing Fee, 0	

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

LIMITED LI	IANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO ABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
I	D & B 65, LLC ne of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "II C"
(1441	the of Poleigh Emilieu Elability Company, must include Emilieu Elability Company, E.E.C.,	or bbc. y
f name un	available, enter alternate name adopted for the purpose of transacting business in Florida and att	ach a copy of the writte
onsent of t	he managers or managing members adopting the alternate name. The alternate name must include	le "Limited Liability
	"L.L.C," "LLC.")	
	Wyoming 3. 27-5099063 (FEI number, if applicable	
company	is organized) (FEI number, II applicable	c)
	02/09/2011 5 Perpetual	
•	02/09/2011 5. Perpetual (Date of Organization) (Duration: Year limited liability compa	iny will kease te
	exist or perpetual)	
•	Upon registration	<u> </u>
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	AUG 17 CRETARY AHASSE
	141 Lister Drive	mo 🖜
•		LOS A
	Wewahitchka, FL 32465 (Street Address of Principal Office)	07A %
	(Street Address of Principal Office)	Du 🖷
. If limit	ed liability company is a manager-managed company, check here	
. The na	me and usual business addresses of the managing members or managers are as for	ollows:
Robe	ert Williams - P.O Box 665 Wewahitchka, FL 32465	
Nobe	TO BOX 000 VVCWariterika, F.E. 02400	·
Dare	n Arnold - 18366 McKinley Ave, Manteca, CA 95337	
0. Attache	d is an original certificate of existence, no more than 90 days old, duly authenticated by the official hav	ving custody of records i
	on under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a for	eign language, a
anslation o	of the certificate under oath of the translator must be submitted.)	
1. Natur	e of business or purposes to be conducted or promoted in Florida: Internet Cafe, and	Security Agency
	A P. 1 . C-11	·
	✓ Robert William	
	Signature of a member or an authorized representative of a member	
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation penalties of perjury that the facts stated herein are true. I am aware that any false information sul	
	document to the Department of State constitutes a third degree felony as provided for in s.8	
	Robert Williams	
	Typed or printed 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 Company is:

D & B 65, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	SECRE	FI _ 2011 AUG 17
Incorp Services, Inc. (Name)	AHASS	
(realic)	L:: J	~ ;
17888 67th Court North	OF STATE E. FLORIO	FILED
Florida Street Address (P.O. Box NOT ACCEPTABLE)	9R	
	\mathbb{R}^{d}	425 2000
Loxahatchee FL 33470		
City/State/Zip		
Having been named as registered agent and to accept service of process for the above stalliability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of an arelating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida States (Signature) \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	ent as regiss Il statutes I accept the Itutes.	tered :

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,

D & B 65, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 9, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000596846**.

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 August, 2011 at 3:43 PM. This certificate is assigned 010548923.



Maj Massiele 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.