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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section

Division of	f Corporations				
SUBJECT: V	Villiams & Van Dyke E	Enterprises, LLC			
-	Name o	of Limited Liability Company			
The enclosed "Appl Existence, and chec	lication by Foreign Limited Liability k are submitted to register the above	Company for Authorization referenced foreign limited li	to Transact Business in Florida, ability company to transact busi	" Certific ness in F	cate of lorida.
Please return all cor	rrespondence concerning this matter	to the following:			
		Janice Null			
		Name of Person			
	Inco	orp Services, Inc.	.ev4 	20	
		Firm/Company	57 (1) (7) (2)	12 F E	
	2360 Co	rporate Circle, Suite	400 名 400	EB 27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Address		7	
_	Hende	rson, NV 89074-772	22	PM 1: 50	
	C	City/State and Zip Code	第 司	6 0	
_	managedo E-mail address: (to be	compliance@incorp	D.COM t notification)		
For further informat	tion concerning this matter, please c	all:			
Janice	Null for Incorp Services Name of Person	, Inc. at (702) Area Code & Daytime Tele	866-2500 phone Number		
Division of Registratio P.O. Box 6	f Corporations D on Section R 6327 C ce, FL 32314 26	TREET ADDRESS: vivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301			
Enclosed is a che	eck for the following amount: iling Fee \$\int_{\text{Certificate of Status}}^{\$130.00 \text{ Filing Fee &}}	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certification of Status & Certified Copy		

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: Williams & Van Dyke Enterprises, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Wyoming (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") Upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 32465 Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Member Manager - Robert Williams P.O. Box 665, Wewahitchka, FL 32465 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Internet services Robot 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 under the penalties of perjury that the facts stated herein are true. I am aware that any 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.) 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.

If unavailable, the alternate to be used in the state of Florida is:						
ii unavanabie, the altern	are to be used in the state of	i Fioriua is.				
2. The name and the Flo	orida street address of the re	gistered agent and office are:	2012 FEB SECRET	, Chingson		
	Incorp Sen	vices, Inc.	AF B			
<u></u>	(Nau		3 27	Carried St.		
	17888 67th (Court North				
	Florida Street Address (P.O	Box NOT ACCEPTABLE)	- 0.775			
	Loxahatchee	FL 33470				
	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.

Jule Janice Null on behalf of Incorp Services, Inc. (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,

Williams & Van Dyke Enterprises, LLC

SS) النظمال السا

Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 17, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000616990**.

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 21st day of February, 2012 at 7:55 AM. This certificate is assigned 011624925.



Mat Massiell
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.