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SECRETARY OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

Joshua O. Dorcey	
	Name of Person
The Dorcey Law Firm,	PLC
	Firm/Company
10181 Six Mile Cypre	ess Pkwy. Ste C.
	Address
Fort Myers, Florida 33966	5
	City/State and Zip Code
josh@dorceylaw.com	
E-mail address	s: (to be used for future annual report notification)
information concerning this matter, p	slease call:
shua O. Dorcey	at (239 ) 418-0169
Name of Person	Area Code & Daytime Telephone Number
AILING ADDRESS: ivision of Corporations	STREET ADDRESS: Division of Corporations
egistration Section	Registration Section
O. Box 6327 allahassee, FL 32314	Clifton Building 2661 Executive Center Circle
alialiassee, FL 32314	Tallahassee, FL 32301

# 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. APPLEBY FAMILY WYOMING, LLC	STATE OF PLONDA.
(Name of Foreign Limited Liability Company; must inclu	ide "Limited Liability Company," "L.L.C.," or "LLC.")
APPLEBY FAMILY WYOMING OF SW FLORIDA, LLC	<del>`_</del>
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C," "LLC.")	se of transacting business in Florida and attach a copy of the writter transe name. The alternate name must include "Limited Liability
2. WYOMING  (Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. JANUARY 25, 2012 (Date of Organization)	5. PERPETUAL  (Duration: Year limited liability company will cease to exist or "perpetual")
6	ý,
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S	to determine penalty liability)
7. 18839 BASELEG AVENUE	
NORTH FORT MYERS, FLORIDA 33917 (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 man	aging members or managers are as follows:
ALBERT W. APPLEBY JR.	ANNE W. APPLEBY
18839 BASELEG AVENUE	18839 BASELEG AVENUE
NORTH FORT MYERS, FLORIDA 33917	NORTH FORT MYERS, FLORIDA 33917
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be subtiliable.)  11. Nature of business or purposes to be conducted or	mitted.)
	·
	athorized representative of a member.
	cution of this document constitutes an affirmation under the ue. I am aware that any false information submitted in a

Typed or printed name of signee

JOSHUA O. DORCEY

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

# 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.

TO DESIGNATE A REGISTERED OFFICE AND REGISTERED	AGENT IN THE STATE OF
FLORIDA.	
1. The name of the Limited Liability Company is:	

## APPLEBY FAMILY WYOMING, LLC

If unavailable, the alternate to be used in the state of Florida is:

## APPLEBY FAMILY WYOMING OF SW FLORIDA, LLC

2. The name and the Florida street address of the registered agent and office are:

THE DORCEY LAW FIRM	, PLC.
	(Name)
10181 SIX MILE CYPR	ESS PKWY.; STE. C
Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)
FORT MYERS	<sub>FL</sub> 33966
	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.

(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 the filing requirements for the issuance of this certificate have been fulfilled.

#### CERTIFICATE OF ORGANIZATION

### APPLEBY FAMILY WYOMING, LLC

Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **25th** day of **January**, **2012**.



Filed Date: 01/25/2012

Max Massiello
Secretary of State

By: Erika Key