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TICELUI 12 OCT - I AMIII: 34 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OKRTHER ENTERPRISES LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:
TOM OKRTHER Name of Person
Hamo of I dison
OKRTUKR ENTERPRISKS, LLC Firm/Company
1922 BINNACLE STREET Address
Kiss: MMEE FLOR: DA 34744 City/State and Zip Code
TOKRTHER ABL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tom OERTHER at (407) 900-8486 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building 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: \$\int_{\text{S125.00 Filing Fee}} \int_{\text{Certificate of Status}} \int_{\text{Certified Copy}} \int_{\text{S155.00 Filing Fee}} \& \int_{\text{S160.00 Filing Fee}} \int_{\text{Certified Copy}} \int_{\text{S160.00 Filing Fee}} \int_{\text{S160.00 Filing Fee}} \int_{\text{Certified Copy}} \int_{\text{S160.00 Filing Fee}} \in

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

IN COMPUTATION OF THE POSITION
1. OERTHER 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 writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 2/14/12- 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. \(\overline{\pi_2} \overline{\pi_3} \overline{\pi_3}
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
6
KISSIMMEE FLORIDA 34744 TO Street Address of Principal Office)
K:SSIMMEE FLORIDA 34744 (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:
TOM + DANA CERTIFER
1922 BINNACLE STREET
KISSIMMER FLORIDA 34744
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:
Im Out
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.)
TOM BERTHER
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 Comp	any is:	
OERTHER	ENTREPRISES, LL	<u>e</u>
If unavailable, the alternate to be used in the	e state of Florida is:	
2. The name and the Florida street address	of the registered agent and office are	»:
Business Filings Incorpo	orated	
	(Name)	12 0
1203 Governors sq bi	lvd ste 101	三 部 7 7
Florida Street Address (P.O. Box NOT ACCEPTABLE)		SSEE SSEE
Tallahassee	FL 32301-2960 City/State/Zip	AM II: 34 OF STATE EE, FLORIG
	- Committee	DA F

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) Signature) Suseries Filings

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **OERTHER ENTERPRISES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 14, 2012, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 24, 2012.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20120824-0957
You may verify this electronic certificate
online at http://www.nvsos.gov/