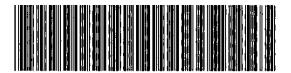
*///2000007004

(Requestor's Name)			
	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer.		

Office Use Only



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SECRETARY OF STATE

K.SALY EXAMINER DEC 17 2012

COVER LETTER

TO:	Registration Section
-	Division of Corporations

SUBJECT: Dr. Alex Loyd Services, 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:

Mary Ann Costello
Name of Person
Dr. Alex Loyd Services, LLC
Firm/Company
2430 Vanderbilt Beach Road - Suite #108-410
Address
Naples, Florida 34109
City/State and Zip Code
costelloma@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Ann Costello	239	592-1047
Name of Person	Area Code & Daytime T	elephone Number

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327

Taliahassee, 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:

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ :
Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Check. F1. Dept of State

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

N COMPLIANCE WITH SECTION 608303, PLORIDA STATE IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T. Dr. Alex Loyd Services, LLC	HE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.," or "LLC.")
	pose of transacting business in Florida and attach a copy of the writter ternate name. The alternate name must include "Limited Liability
State of Nevada	_{3.} 20-1432879
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
12/16/2005	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
12/012012	
(Date first transacted business in I (See sections 608.501 & 608.502 F	Florida, if prior to registration.) S. to determine penalty liability)
2430 Vanderbilt Beach Road - Suit	te #108-410
Naples, Florida 34109	
(Street Addre	ss of Principal Office)
. If limited liability company is a manager-manage	ed company, check here
The name and usual business addresses of the ma	anaging members or managers are as follows:
Alex C. Loyd (50%)	
Hope Tracey Loyd (50%)	
3801 Mistico Lane, Franklin, TN 3	7064
•	90 days old, duly authenticated by the official having custody of records copy is not acceptable. If the certificate is in a foreign language, a ubmitted.)
1. Nature of business or purposes to be conducted	or promoted in Florida: Internet Based Business using a Florida
mailing address for customer inquir	ries
Mary Ann	authorized representative of a member.
	authorized representative of a member. secution of this document constitutes an affirmation under the
(in accordance with section obs.408(3), F.S., the ex	regulon of any accument constitutes an attribution 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.)

Mary Ann Costello

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.

	of the Limited Liability Loyd Service		
If unavailable	, the alternate to be use	ed in the state of Florida is:	
2. The name	and the Florida street a	address of the registered agent and office are:	
	Mary Ann C	Costello	
		(Name)	
	3244 Sunda	ance Circle	
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)	
	Naples	_{FL} 34109	
	California and Califo	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.

y Anu Costello
(Signature)

\$ 100.00 \$ 25.00

Filing Fee for Application
Designation of Registered Agent

\$ 30.00

5.00

Certified Copy (optional)
Certificate of Status (optional)



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, **DR. ALEX LOYD SERVICES, L.L.C.**, 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 December 16, 2005, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20121213-0250
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 13, 2012.

ROSS MILLER Secretary of State

. DR. ALEX LOYD SERVICES, L.L.C.

Business Entity Information

Status:	Active	File Date:	12/16/2005
Туре:	Domestic Limited-Liability Company	Entity Number:	E0883842005-6
Qualifying State:	NV	List of Officers Due:	12/31/2012
Managed By:	Managers	Expiration Date:	
NV Business ID:	NV20051793541	Business License Exp:	12/31/2012

Registered Agent Information

Name:	NATIONAL REGISTERED AGENTS, INC. OF NV	Address 1:	1000 EAST WILLIAM STREET SUITE 204
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89701
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Ag	ent - Corporation	
Jurisdiction:	NEVADA	Status:	Active

Officers

■ Include Inactive Officers

Managing M	ember - ALEX LOYD		
Address 1:	3801 MISTICO LANE	Address 2:	
City:	FRANKLIN	State:	TN
Zip Code:	37064	Country:	USA
Status:	Active	Email:	
Manager - H	OPE TRACEY LOYD		
Address 1:	3801 MISTICO LANE	Address 2:	
City:	FRANKLIN	State:	TN
Zip Code:	34064	Country:	USA
Status:	Active	Email:	

Actions\Amendments

Action Type:	Articles of Organization		
Document Number:	20050621996-10	# of Pages:	1
File Date:	12/16/2005	Effective Date:	
		-	

GKL PU-TRAY, 12-28-05 - GJJ **Initial List** Action Type: Document Number: 20050621997-21 # of Pages: 1 Effective Date: File Date: 12/16/2005 (No notes for this action) **Annual List** Action Type: Document Number: 20070205425-37 # of Pages: 1 3/22/2007 Effective Date: File Date: (No notes for this action) **Annual List** Action Type: Document Number: 20070854084-58 # of Pages: File Date: 12/18/2007 Effective Date: (No notes for this action) **Annual List** Action Type: # of Pages: Document Number: 20080760259-99 Effective Date: 11/21/2008 File Date: (No notes for this action) **Annual List** Action Type: 20090812772-48 # of Pages: Document Number: 1 Effective Date: File Date: 11/24/2009 (No notes for this action) Action Type: Annual List # of Pages: 1 Document Number: | 20110150700-97 Effective Date: 2/28/2011 File Date: (No notes for this action) **Annual List** Action Type: 20110911964-14 Document Number: # of Pages: Effective Date: File Date: 12/28/2011 (No notes for this action)