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(Re	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
WI3	-21225	

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2013 MAY 22 PH 3: 10

B. BOSTICK
MAY 2 3 2013

**EXAMINER** 

CR2E027 (9/10)

#### **COVER LETTER**

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SUBJECT: _	•	c Enter,	DY ISC ne of Limite	S LLC ed Liability Com	pany		-		
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	check for the f 5.00 Filing Fee	ollowing amoun ☐ \$130.00 Filing Certificate of S	Fee &	□ \$155.00 Filin Certified Cop		□ \$160.00 Filir of Status & 0			
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### 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. Idylic Enterprises IIC (Name of Foreign Limited Liability Company; "L.L.C.," or "L.L.C.," or "L.L.C.,"
(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.")
2. Nevada (Jurisdiction under the law of which foreign limited liability)  3. 20-4146788 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. January 19, 2006 (Data of Organization)  5. Derpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. March 25, 2013
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4711 Nash Rd Ste C
Scott City MD (3780 (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here   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: يُنْ الْكِيْتُ الْكِيْتُ
Derek Cornelius
PO Box 1471
Cape Girardeau MO 63702
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: Phone Sales
du w Cri
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.)
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.

I. The name of the Limited Liability Company is:  Idylic Enterprises UC			
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:			
Agents and Corporations Inc.	SECRI	2013 MAY 22	—₩
300 FIFTH Ave South Ste 101-330 Florida Street Address (P.O. Box NOT ACCEPTABLE)	SECRETARY OF TALLAHASSEE.		
Naples FL 34102	F STATE FLORIDA	PK 3: 10	<u> </u>

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. Thereby 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.

Agents and Corporations. Inc.

y: Suan Crawford - Assistant Secretary

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
S 5.00 Certificate of Status (optional)

## State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

SS.

2013 MAY 22 PM 3: 10

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

# Idyllic Enterprises, LLC is a Limited Liability Company

did on **January 17, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000614809**.

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 13th day of May, 2013 at 4:02 PM.



Secretary of State

Christina Straw



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2013

BRYANNA WAREING POST OFFICE BOX 1471 CAPE GIRARDEAU, MO 63702

SUBJECT: IDYLLIC ENTERPRISES LLC

Ref. Number: W13000021225

We have received your document for IDYLLIC ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 013A00008623