

MI3000007425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

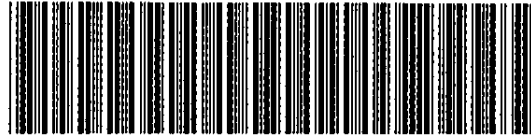
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

MI3-63672

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SECONDARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 25 2013

D. BRUCE

# BRIAN PRZYSTUP & ASSOCIATES, LLC

*Tax Consultants*

*Specializing in Aviation, Real Estate & Corporate*

Go to [www.BrianPrzystup.com](http://www.BrianPrzystup.com) to download newsletter

November 25<sup>th</sup>, 2013

To Florida Department of State:

I, Brian Przystup, am the Registered agent of Promotz Llc a voluntarily dissolved company document number L13000159416. This company does not have the intention of reinstating. Can you please release the name, so we can incorporate a foreign limited liability company with the same name.

If you have any questions, please call me at anytime.

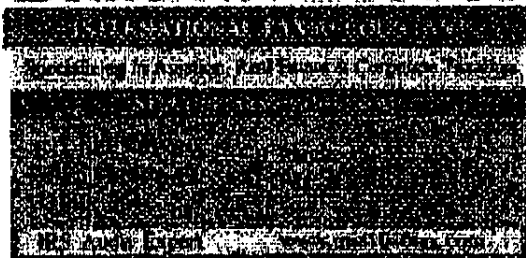
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

Sincerely



Brian Przystup  
International Tax Accountant  
P.O. Box 403864  
Miami Beach, FL 33140-1864

**BRIAN PRZYSTUP**





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2013

BRIAN PRZYSTUP  
275 NE 18TH ST STE 310  
MIAMI, FL 33132

SUBJECT: PROMOTZ LLC  
Ref. Number: W13000063672

We have received your document for PROMOTZ LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 313A00026614

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CLERK OF THE  
TALLAHASSEE  
FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **PROMOTZ 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:

**BRIAN PRZYSTUP**

Name of Person

**BRIAN PRZYSTUP & ASSOCIATES LLC**

Firm/Company

**275 NE 18TH ST STE 310**

Address

**MIAMI, FL 33132**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**BRIAN PRZYSTUP**

Name of Person

**305**

at ( )

**3715131**

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

- ☒ \$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

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**2013 NOV 22 PM 12:59**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. **PROMOTZ 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.," "L.L.C.")

2. **DELAWARE**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **46-4095232**

(FEI number, if applicable)

4. **11/01/2013**

(Date of Organization)

5. **"PERPETUAL"**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **Upon Qualification**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **160 GREENTREE DRIVE SUITE 101**

**DOVER, DELAWARE 19904**

(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:

**BRIAN PRZYSTUP**

**160 GREENTREE DRIVE SUITE 101**

**DOVER, DELAWARE 19904**

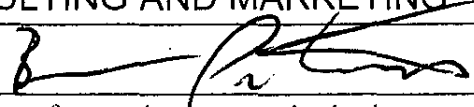
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TALLAHASSEE FLORIDA

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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 CONSULTING AND MARKETING**

  
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.)

**BRIAN PRZYSTUP**

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 Company is:

**PROMOTZ LLC**

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:

**BRIAN PRZYSTUP**

(Name)

**275 NE 18TH ST STE 310**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**MIAMI**

**FL**

**33132**

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)

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CLERK OF SUPERIOR COURT  
TALLAHASSEE FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROMOTZ LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0866333

DATE: 11-04-13