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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	My One Resource LL		
		Name of Limited Liability Company	
		ted Liability Company for Authorization to Transact B ter the above referenced foreign limited liability compa	
Please	return all correspondence concernir	g this matter to the following:	
	Melissa A. Ledbett	r	
		Name of Person	•••
	Summers Compton	Wells LLC	
		Firm/Company	
	8909 Ladue Road		
		Address	
	St. Louis, MO 6312	4	
		City/State and Zip Code	
	gknight@summers	omptonwells.com	
	E-mail :	ddress: (to be used for future annual report notification)
For fur	ther information concerning this ma	ter, please call:	
	Melissa Ledbetter	314 991-4999	
	Name of Person	Area Code & Daytime Telephone Number	<u> </u>
	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	
Enclo		00 Filing Fee & □ \$155.00 Filing Fee & □ \$16	60.00 Filing Fee, Certificate Status & Certified Copy

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: My One Resource 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," "LLC.") Illinois 46-3244497 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) July 22, 2013 perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") n/a 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7213 Halton Court Windermere, FL 34786 (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. Adam Pickett, 7213 Halton Court, Windermere, FL 34786 Kyle Pickett, 3 Hickory Lane, Columbia IL 62236 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.) web based service 11. Nature of business or purposes to be conducted or promoted in Florida: products for storage and access of personal information from digital devices

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.)

Adam Pickett, Manager

Adam r ickett, Manager

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.

2. The name and the Florida street address of the registered agent and office are: Adam Pickett (Name) 7213 Halton Court Florida Street Address (P.O. Box NOT ACCEPTABLE)	1. The name My One Res	of the Limited Liability Comp source LLC	pany is:	
Adam Pickett (Name) 7213 Halton Court	If unavailable	the alternate to be used in the	e state of Florida is:	
(Name) 7213 Halton Court	2. The name		of the registered agent and office are:	
7213 Halton Court		Adam Pickett		
			(Name)	_
Florida Street Address (P.O. Box NOT ACCEPTABLE)		7213 Halton Court		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		_	
Windermere 34786 FL		Windermere		
City/State/Zip			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)

File Number

0446210-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MY ONE RESOURCE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 22, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1336101508

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH

day of DECEMBER A.D.

2013

SECRETARY OF STATE