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SECRETARY OF STATE FRELAHASSEE, FLORIDA

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	AutoVisior		
	Nam	e of Limited Liability Company	
		ility Company for Authorization to Transact E pove referenced foreign limited liability comp	
Please return	all correspondence concerning this ma	tter to the following:	
	Diane k	Calinowski	
		Name of Person	
	MyLLC.	com, Inc.	
		Firm/Company	
	5716 Cd	orsa Ave Ste 110	2014 FEB
		Address	Pa B T
	Westlak	e Village, CA 91362	
		City/State and Zip Code	
		inowski@myllc.com	OF STA
	E-mail address:	(to be used for future annual report notification)	\$# 3
For further inf	formation concerning this matter, pleas	e call:	
Di	ane Kalinowski	at (888) 886-95	552
	Name of Contact Person	Area Code Daytime T	elephone Number
Divis Regi P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following amou 25.00 Filing Fee ☐ \$130.00 Filing		60.00 Filing Fee, Certificate

■ \$155.00 Filing Fee & Certified Copy

Certificate of Status

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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: AutoVisionz 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Nevada (Jurisdiction under the law of which foreign limited liability No prior transactions (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1103 Kestrel Ct. Bradenton, FL 34208 (Street Address of Principal Office) 1103 Kestrel Ct. Bradenton, FL 34208 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Melodi A. Oswald, Managing Member 1103 Kestrel Ct. Bradenton, FL 34208 8. 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) Signature of an authorized person (In accordance with section 605.0203, 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, FS) Melodi A. Oswald Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable, t	he alternate to be used in the	e state of Florida is:		
2. The name an	d the Florida street address	of the registered agent and office are:		
InCorp Services, Inc.				
		(Name)		T
	17888 671	h Court North	HASSE	F
Florida Street Address (P.O. Box NOT ACCEPTABLE)			四 字 亚	
	Loxahatchee	33470 FL	EFFLORID	-
		City/State/Zip	•••	
liability companies	y at the place designated in t and agree to act in this cap	to accept service of process for the above this certificate, I hereby accept the appoin acity. I further agree to comply with the p performance of my duties, and I am famil	ntment as provisions of all	

lone & Kalenowski on behalf of: InCorp Services, Inc.
(Signature)

accept the obligations of my position as registered agent as provided for in Chapter 605, Florida

Statutes.

\$ 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, AUTOVISIONZ 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 July 8, 2013, and is in good standing in this state.

TOTA OUT COLUMN

Electronic Certificate
Certificate Number: C20140129-4845
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 January 29, 2014.

ROSS MILLER Secretary of State