11/4000003662

| (Requestor's Name) |
|---|
| (Address) |
| (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: |
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| Mgp + Cua 1014-33546 |
| Office Use Only |



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K. SALY MAY 29 2014

COVER LETTER

| SUBJECT: | Myenergyce | | d Liability Company | | · | |
|--------------------------------|---|--|--|--------------|---|---|
| The enclosed Existence, and | "Application by Foreign I | Limited Liability Com | pany for Authoriza | tion to Tran | sact Business in Florid company to transact bu | la," Certificate o Isiness in Florid |
| Please return a | all correspondence concer | ning this matter to the | following: | | | |
| | Virginia W | hite Gaylo | or | | | |
| | | | ame of Person | | | _ |
| | | P | irm/Company | | | _ |
| | C44 Chast | _ | пписопрану | | | |
| | 611 Chest | inul Si | Address | | | _ |
| | Oldsmar F | 1 34677 | | | | _ |
| | randy@ar | hurair.con | | | L. | |
| For further int | formation concerning this | mail address: (to be use | a for future annual re | роп пописа | ion) | |
| | rgina White | | _{*,} 813 | , 925 | 3000 | |
| | Name of Con | act Person | Area Code | Dayt | ime Telephone Number | |
| Divis Regi P.O. | ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314 | Divisio Registr Clifton 2661 E | ET ADDRESS: n of Corporations ation Section Building xecutive Center Ci assee, FL 32301 | rcle | | |
| | | ving amount: 130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir Certified Co | | □ \$160.00 Filing Fee of Status & Certifi | |

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:

| include "Limited Liability Company," "L.L.C.," or "LLC.") |
|--|
| of transacting business in Florida. The alternate name must include "Limited |
| _{3.} 46-5579362 |
| (FEI number, if applicable) |
| |
| ss in Florida, if prior to registration.) 0905, F.S. to determine penalty liability) |
| |
| dress of Principal Office) |
| dress of Principal Office) |
| 39 |
| الوب الماريخ الماريخ الماري |
| Mailing Address) |
| person(s) who has/have authority to manage is/are: |
| |
| |
| |
| no more than 90 days old, duly authenticated by the official |
| |

Virginia White Gaylor

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.

1. The name of the Limited Liability Company is:

myenergycentsllc

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:

| Virginia White Gaylor | | | | |
|-----------------------|-------------------------------------|--|--|--|
| | (Name) | | | |
| 611 Chestnut | : St | | | |
| Florida Stree | t Address (P.O. Box NOT ACCEPTABLE) | | | |
| Oldsmar | FL 34677 | | | |
| | City/State/Zin | | | |

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 605, 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)

STATE OF WYOMING Office of the Secretary of State

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

myenergycents LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 5, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000632183**.

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 29th day of May, 2014 at 2:21 PM. This certificate is assigned 015694330.



Max Massiello
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.