# M140000509a

(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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(Do	cument Number)		
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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	JUL 1 8 2016		
	A. LUNT		
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	<u> W14-</u>	40819	

Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2014

DEBORA FREECE 4495-304 ROOSEVELT BLVD. #514 JACKSONVILLE, FL 32210

SUBJECT: PEOPLR, LLC Ref. Number: W14000040819

We have received your document for PEOPLR, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Agnes Lunt Regulatory Specialist II

Letter Number: 614A00014256

### **COVER LETTER**

TO: Registration Section Division of Corporations		
Peoplr LLC	•	
SUBJECT:	ame of Limited Liability Company	
The enclosed "Application by Foreign Limited Li Existence, and check are submitted to register the	ability Company for Authorization tabove referenced foreign limited lie	to Transact Business in Florida," Certificate of ability company to transact business in Florida
Please return all correspondence concerning this r	natter to the following:	
Debora L Free	ce	
	Name of Person	
Peoplr		201 Con
	Firm/Company	27 5 7
4495-304 Roos	sevelt Blvd #514	
	Address	37 37
Jacksonville, F	L 32210	72. B
	City/State and Zip Code	
debora.freece@	②peoplr.co	
E-mail addres	ss: (to be used for future annual report n	otification)
For further information concerning this matter, pla	ease call:	
Debora L Freece	<sub>at</sub> 904- 3	67-3030
Name of Contact Person	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 amo	ount:	
■ \$125.00 Filing Fee □ \$130.00 Fil	ing Fee & 🔲 \$155.00 Filing Fee	e & ☐ \$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: 1. Peoplr, 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.") State of Colorado (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 6/2/2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6975 Steeple Court, Parker, CO 80134 (Street Address of Principal Office) 4495-304 Roosevelt Blvd, #514, Jacksonville, FL 32210 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Amy R McGeorge, MGR, 4495-304 Roosevelt Blvd, #514, Jacksonville, FL 32210 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

Amy R McGeorge

Typed or printed name of signee

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.)

(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

# 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.

Peoplr,	of the Limited Liability Company is:		
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:		-
Deborah Giambruno		72	
	(Name)	2814 JBL 17 35 GAE 748 WILLEMASS	144
	3787 Palm Valley Rd, Ste 102-186	17	4 1
	Florida Street Address (P.O. Box NOT ACCEPTABLE).	PH IZ	
	Ponte Vedra Beach FL 32082	2. E. B.	(
	City/State/Zip	. (1)	

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)

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

#### Peoplr LLC

is a Limited Liability Company formed or registered on 04/29/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141274721.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/09/2014 that have been posted, and by documents delivered to this office electronically through 07/10/2014 @ 12:12:36.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 07/10/2014 @ 12:12:36 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8897457.



Secretary of State of the State of Colorado

\*\*End of Certificate\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions.