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M. MILLIGAN EXAMINER

SEP -2 2014

COVER LETTER

Division of Corporations
SUBJECT: From All Over 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:
Gregory Hunt
Name of Person
From All Over LLC
Firm/Company
595 Rob Roy Drive
Address
Clermont, FI 34711
City/State and Zip Code
gh32570@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gregory Hunt850512-0062
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsig \mathbb{\text{\$125.00 Filing Fee}} \bigsig \mathbb{\text{\$130.00 Filing Fee & Certificate of Status}} \Bigsig \mathbb{\text{\$\$155.00 Filing Fee & Certified Copy}} \Bigsig \text{\$\$\$\$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$

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. From All Over LLC (Name of Foreign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.	," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C," or "LLC.")	transacting business in Florida. The alterna	te name must include "Limited
_{2.} Nevada	_{3.} 46-5492896	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if ap	plicable)
4.		20 7
(Date first transacted business i	n Florida, if prior to registration.) 5, F.S. to determine penalty liability)	FI E TI
595 Rob Roy Drive	, , , , , , , , , , , , , , , , , , , ,	6 25
Clermont, FI 34711		PAR Z
·	ss of Principal Office)	- (β 4)
5. 595 Rob Roy Drive		5
Clermont, FI 34711		4.7
·	ling Address)	· · · · · · · · · · · · · · · · · · ·
7. The name, title or capacity and address of the per Gregory Hunt Member 595 Rob Roy Dr. Clement, FL 34711		
3. Attached is an original certificate of existence, no naving custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, must be submitted)	ne law of which it is organized. (A	nenticated by the official A photocopy is not
In accordance with section 605.0203, F.S., the execution of this document common aware that any false information submitted in a document to the Departme Gregory Hunt	nt of State constitutes a third degree felony as pro	rjury that the facts stated herein are to ovided for in s.817.155, F.S.)
Typed or printe	ed 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	e Limited Liability	Company is:	
From All C	ver LLC		·
If unavailable, the		in the state of Florida is:	
2. The name and	the Florida street ad	dress of the registered agent and office are:	Tora T
(Gregory Hui	nt	高二
_		(Name)	- 55.5 25
į	595 Rob Ro	y Drive	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		5	
(Clermont	FL 34711	£ 34
_		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 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)



CER'TIFICATE 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, FROM ALL OVER 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 April 24, 2014, and is in good standing in this state.



Certified By: Heather Christensen Certificate Number: C20140730-0888 You may verify this 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 August 1, 2014.

> **ROSS MILLER** Secretary of State