in.

# 845d0000P1M

(Re	questor's Name)	
(Ad	dress)	
	dress)	<u> </u>
(· ·		
(Cit	ry/State/Zip/Phone #	)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	······
`	, , , , , , , , , , , , , , , , , , , ,	
(D0	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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W14-5	0692	<u> </u>

Office Use Only



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B. BOSTICK

SEP - 3 2014

EXAMINER

#### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Nexgen Mobile, 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..

rease retain an correspondence concerning this ma	tter to the following.			
Peter R Woodw	orth			
	Name of Person			
Nexgen Mobile,	LLC			
	Firm/Company		<del></del>	
1541 S Ocean E	3lvd #123			
<del></del>	Address			4
Pompano Beac	h, FL 33062			
	City/State and Zip Code		57 5th	
pete@nexgenm	obile.net		2000年	
E-mail address:	(to be used for future annual re	port notification)	원	
For further information concerning this matter, pleas	e call:		-2	
Pete Woodworth	<sub>at</sub> 954	200-9183	OF SECTION	Ö
Name of Contact Person	Area Code	Daytime Telephone N	wind w	
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations		<b>9</b> 111	
Registration Section	Registration Section			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Cir Tallahassee, FL 32301	cle		
Enclosed is a check for the following amoun	nt:			

□ \$155.00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

\$130.00 Filing Fee &

Certificate of Status

□ \$125.00 Filing Fee

### 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:

l. Nexgen Mobile, LLC				
(Name of Foreign Limited Liability (	Company; must include "Limited Liability C	ompany," "L.L.C.,"	or "LLC.")	
If name unavailable, enter alternate name adopted Liability Company," "L.L.C," or "LLC.")	for the purpose of transacting business in Fl	orida. The alternate	name must include	"Limited
Wyoming	3			
(Jurisdiction under the law of which foreign limit company is organized)	ted liability (	FEI number, if appl	icable)	
(D. 4. 6. 4.4.			<del> </del>	
(See sections 60	insacted business in Florida, if prior to regis 5.0904 & 605.0905, F.S. to determine penal	tration.) Ity liability)		
1623 Central Ave	<del>‡</del> 201		·	<del></del>
Cheyenne, WY 82	001		The real	
	(Street Address of Principal Office)	<u> </u>	F-65 ==	7
			图图	-
			がる。	
	(Mailing Address)	<del></del>	<del>- 13 - 0 -</del>	5
7. The name, title or capacity and add	ress of the person(s) who has/hay	ze authority to i	بب لِيَّظِيَّ •manage is/age	
Peter R Woodworth	$\sim \sim $	A Chan O B		
reter R Woodworth	MAINMONION	VL12[VL13+	4	
1541 S Ocean Blvd	#123			
Pompano Beach, FL	33062	<del> </del>		
Ompario Beach, i L	00002	<del></del>		
3. Attached is an original certificate of	existence, no more than 90 days	old, duly authe	nticated by the	official
aving custody of records in the jurisd				
cceptable. If the certificate is in a fore	ign language, a translation of the	certificate und	er oath of the	ranslator
nust be submitted)	I A MAXM			
/////				
	Signature of an authorized perso		<del></del>	
in accordance with section 605.0203, F.S., the execution maware that any false information submitted in a docum	of this document constitutes an affirmation unde	r the penalties of perju	ry that the facts state ided for in s.817.155,	d herein are ti F.S.)
PETER	R WOODWORTH			
7	yped 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.

Nexgen Mobile, LLC  If unavailable, the alternate to be used in the state of Florida is:				
2 The name	e and the Florida street address of the registered agent and offi	ce are:		
2. The ham	Peter R Woodworth			
	(Name)			
	1541 S Ocean Blvd #123			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Pompano Beach 33062			
	City/State/Zip			
liability com registered as statutes rela	n named as registered agent and to accept service of process for apany at the place designated in this certificate, I hereby accept a gent and agree to act in this capacity. I further agree to comply sting to the proper and complete performance of my duties, and is bligations of my position as registered agent as provided for in	the appointment as with the provisions of all I am familiar with and		

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

(Signature)

## 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,

### Nexgen Mobile, LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 11, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000670021**.

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 27th day of August, 2014 at 1:48 PM. This certificate is assigned 016190726.



Mas Massiell Secretary of State

MIN SEP -2 P 3: 3:

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.



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2014

PETER R. WOODWORTH 1541 S. OCEAN BLVD. #123 POMPANO BEACH, FL 33062

SUBJECT: NEXGEN MOBILE, LLC Ref. Number: W14000050692

2014 SEP -2 P 3: 31:
CSCCST/ NY OF STATE
TALLAGRAN, CSC FLORIDA

We have received your document for NEXGEN MOBILE, LLC and your check(s) totaling \$130.00. 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.

Barbara Bostick Regulatory Specialist II

Letter Number: 514A00017797