

17140000006858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

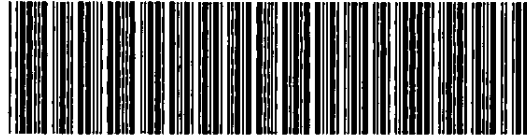
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 24 2014

T. HAMPTON

60346-110

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CSUN, 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:

Annette M. Hauschild

Name of Person

Stevens, Edwards, Hallock, Carpenter & Phillips, P.C.

Firm/Company

P.O. Box 1148

Address

Gillette, WY 82717-1148

City/State and Zip Code

patgreen@vcn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Hauschild

Name of Contact Person

at (**307**) **682-1444**

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 amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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

STEVENS, EDWARDS, HALLOCK, CARPENTER & PHILLIPS P.C.

FRANCIS E. STEVENS
JAMES L. EDWARDS
JOSEPH E. HALLOCK
PATRICK E. CARPENTER*
PAUL S. PHILLIPS***

DOUGLAS E. STEVENS**

*ALSO ADMITTED IN COLORADO
** ALSO ADMITTED IN SOUTH DAKOTA
***ALSO ADMITTED IN THE DISTRICT OF COLUMBIA

ATTORNEYS AT LAW
511 SOUTH KENDRICK AVE.
P.O. BOX 1148
GILLETTE, WYOMING 82717-1148
TELEPHONE (307) 682-1444
FAX (307) 687-2896

BRANCH OFFICE:
313 E. MAIN STREET
P.O. BOX 1130
SUNDANCE, WY 82729
TELEPHONE: (307) 283-2535
FAX: (307) 283-2539

April 9, 2014

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: CSUN, LLC

Enclosed are two originals each of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and the Certificate of Designation of Registered Agent/Registered Office; a Wyoming Certified Certificate of Good Standing and a Cover Letter for filing on behalf of the above-referenced limited liability company. Please return file-stamped originals of the application and registered agent designation to this office in the self-addressed, stamped envelope which has been provided for your convenience.

Also enclosed is our check in the amount of \$155.00 in payment of the filing fee and an original Certified Copy.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,



Annette Hauschild
Secretary to Patrick E. Carpenter

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2014

ANNETTE M HAUSCHILD
STEVENS EDWARDS HALLOCK CARPENTER
P O BOX 1148
GILLETTE, WY 82717-1145

SUBJECT: CSUN, LLC
Ref. Number: W14000024307

We have received your document for CSUN, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 814A00008231

STEVENS, EDWARDS, HALLOCK, CARPENTER & PHILLIPS P.C.

FRANCIS E. STEVENS
JAMES L. EDWARDS
JOSEPH E. HALLOCK
PATRICK E. CARPENTER*
PAUL S. PHILLIPS***

DOUGLAS E. STEVENS**

*ALSO ADMITTED IN COLORADO
** ALSO ADMITTED IN SOUTH DAKOTA
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ATTORNEYS AT LAW
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TELEPHONE (307) 682-1444
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BRANCH OFFICE:
313 E. MAIN STREET
P.O. BOX 1130
SUNDANCE, WY 82729
TELEPHONE: (307) 283-2535
FAX: (307) 283-2539

September 16, 2014

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: CSUN of Wyoming, LLC

Enclosed are two originals each of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and the Certificate of Designation of Registered Agent/Registered Office; a Wyoming Certified Certificate of Good Standing and a Cover Letter for filing on behalf of the above-referenced limited liability company. Please return file-stamped originals of the application and registered agent designation to this office in the self-addressed, stamped envelope which has been provided for your convenience.

I have also enclosed a copy of the letter asking for an alternate name from our first filing.

When we first filed documents for this LLC a check #10837 in the amount of \$155.00 was sent and it was deposited by your offices on April 17th for CSUN, LLC as a foreign limited liability company.

Should you have any questions, please do not hesitate to contact me at 307-681-1444.

Sincerely,



Annette Hauschild
Secretary to Patrick E. Carpenter

Enclosures

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. CSUN, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CSUN of Wyoming, 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.")

2. Wyoming

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 819 Country Club Road

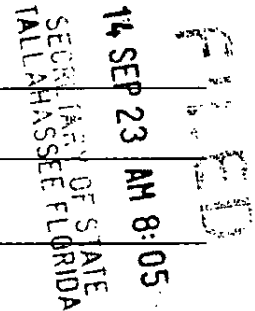
Gillette, WY 82718

(Street Address of Principal Office)

6. 819 Country Club Road

Gillette, WY 82718

(Mailing Address)



7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Patrick L. Green, Manager

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, F.S.)

Patrick L. Green

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:

CSUN, LLC

If unavailable, the alternate to be used in the state of Florida is:

CSUN of Wyoming, LLC

2. The name and the Florida street address of the registered agent and office are:

Kathleen Talboom

(Name)

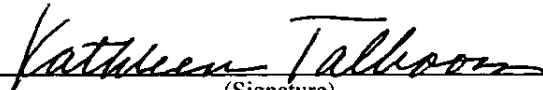
1710 Kay Drive

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Largo, FL 33770

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.



(Signature)

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

FILED
14 SEP 23 AM 8:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF WYOMING
Office of the Secretary of State

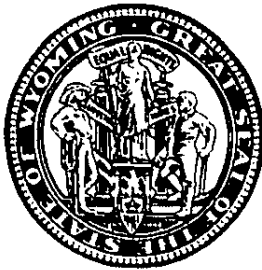
I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


CSUN, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 18, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000661199**.

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 12th day of September, 2014 at 3:09 PM. This certificate is assigned 016280929.




Secretary of State