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(Requestor's Name)				
(Add	iress)			
(Address)				
(City/State/Zip/Phone #)				
_		_		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	ilina Officer:			

Office Use Only



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10/16/14--01030--006 **125.00





COVER LETTER

TO: Registration Section
Division of Corporations

HARBORSIDE TRADING, LLC

SUBJECT:

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:

KEITH PARSONS
Name of Person
HARBORSIDE TRADING, LLC
Firm/Company
7290 BRUNSWICK CIR
Address
BOYNTON BEACH, FL 323472
City/State and Zip Code
KDP7290@BELLSOUTH.NET

For further information concerning this matter, please call:

KEITH PARSONS

954

650-4447

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:

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

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

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. HARBORSIDE TRADING, 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 Liability Company," "L.L.C," or "LLC.")	Florida. The alternate name must include "Limited
_{2.} WY _{3.} 36-4794	4808
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4	
(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine per	istration.) alty liability)
_{5.} 7290 BRUNSWICK CIR	
BOYNTON BEACH, FL 33472	
6. 7290 BRUNSWICK CIR	
BOYNTON BEACH, FL 33472	
(Mailing Address)	200
7. The name, title or capacity and address of the person(s) who has/ha	we authority to manage is/are:
KEITH PARSONS - MEMBER	
DAX TACEY - MEMBER	
	SIA 5
	DA 7
Attached is an original certificate of existence, no more than 90 days having custody of records in the jurisdiction under the law of which it	

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 fellony as provided for in s.817.155, F.S.)

KEITH PARSONS

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.

	or the alternate to be used in the		
	,		
2. The name	and the Florida street address o	f the registered agent and office	are:
	KEITH PARSO	NS	
		(Name)	
	7290 BRUNSW	ICK CIR	
	Florida Street Addr	ress (P.O. Box NOT ACCEPTABLE)	4 OCT 16 ECRETAR LLAHASS
	BOYNTON BEACH	33472	16 ASS
		City/State/Zip	
liability comp registered ago statutes relati	oany at the place designated in the ent and agree to act in this capac ing to the proper and complete p	o accept service of process for the his certificate, I hereby accept the city. I further agree to comply wi erformance of my duties, and I an tered agent as provided for in Cha	appointment as th the provisions of all n familiar with and

Statutes.

\$ 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,

Harborside Trading, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 30, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000673076**.

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 13th day of October, 2014 at 1:50 PM. This certificate is assigned 016450930.



May Maffeld AM 8: 57
Secretary of State
Secretary o

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.