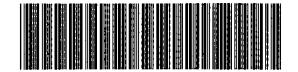
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions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

Office Use Only



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COVER LETTER

	tration Section on of Corporation	15				
SUBJECT: _	YOUT	FO LLC Name of L	imited Liability Company			
	Application by For	eign Limited Liability	Company for Authorization referenced foreign limited l			
Please return all	l correspondence o	concerning this matter to	o the following:			
	lleor		Firm/Company Center		oz, Ste 1	
		_	Address OK 730 ity/State and Zip Code cused for future annual report		2014 DEC 23 SEGRETARY TALLAHASS	n
For further infor		E-mail address: (to be g this matter, please cal f Contact Person		812 - 4(e S Daytime Telephone N	C 23 PH 3: I	
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	Div Reg Cli 266	REET ADDRESS: vision of Corporations gistration Section fton Building to Executive Center Circle lahassee, FL 32301		,> m	
	check for the for 5.00 Filing Fee	ollowing amount: \$130.00 Filing Fee Certificate of Statu			ing Fee, Certificate 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	A
1	
(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. OKlahona 3. 47-2365981 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. Jan 1, 2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1601 Medical Center Dive, Ste 1	
Eomend, OK 73034 (Street Address of Principal Office)	
6. <u>Sane</u>	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are	
2304 Benghill Circle	
Eomord, OK 73034	
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 treatment 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.)	e. 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.

1. The name of the Limited Liability Company is:
Your CFO, LLC
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:
Maria Sierra (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Hongestead, FL 32033
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 accept the obligations of my position as registered agent as provided for in Chapter 605, Forda—Statutes.
(Signature)

Filing Fee for Application
Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

IFURTHER CERTIFY that <u>YOURCFO, LLC</u> whose registered agent is <u>GARY COOK</u>, with its registered office at <u>2304 BERRYHILL CIRCLE EDMOND 73034 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 11th, day of December, 2014.

Secretary Of State