# M15000001a87

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		:

Office Use Only



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2015 FEB | | PM 3: 02

J. HARRIS



2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-782-2201 - Main

800-600-1760 - Main -Toll Free

775-824-0105 - FAX

775-284-7165 - Genesis Direct

February 5, 2015

Division of Corporations Registration Section Po Box 6327 Tallahassee, FL 32314

Re:

Find 4 U, LLC

#### Dear Secretary:

Enclosed for filing please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above referenced entity along with a check in the amount of \$155.00 for filing fees. Please return this filing in the envelope that has been provided.

Thank you for your assistance in filing this company. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Genesis Navarrete,

Account Representative

:gn

**Enclosures** 

#### **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC <sup>*</sup>		
	Name of Limited Liability Company	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certi e, and check are submitted to register the above referenced foreign limited liability company to transact business in	
Please retu	turn all correspondence concerning this matter to the following:	
	Genesis Navarrete	
	Name of Person	
	Corporate Direct, Inc.	
	Firm/Company	
	310 Mill St	
	Address	
	Reno, NV 89501	
	City/State and Zip Code	
	gnavarrete@corporatedirect.com	
	E-mail address: (to be used for future annual report notification)	
For further	er information concerning this matter, please call:	
(	Genesis Navarrete 284-7165	
	Name of Contact Person Area Code Daytime Telephone Number	
R P	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	
	ed is a check for the following amount:  \$\Boxed{1} \\$125.00 \text{ Filing Fee} \Boxed{1} \\$130.00 \text{ Filing Fee} \& \Boxed{1} \\$160.00 \text{ Filing Fee, Certificate of Status} \\  \text{Certificate of Status} \text{Certified Copy} \text{of Status & Certified Copy}	ate

### 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:

(If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.")	of transacting business in Florida. The alterna	ate name must include "Limited
<sub>2</sub> Wyoming	<sub>3.</sub> 47-2893272	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if ap	oplicable)
4.		
(See sections 605.0904 & 605.0	ss in Florida, if prior to registration.) 9905, F.S. to determine penalty liability)	2015 TAL
<sub>5.</sub> 60 East Simpson Ave., Box 28	69	2015 FEB
Jackson, WY 83001		TARY
•	dress of Principal Office)	mo v
<sub>6.</sub> Po Box 2869		- S - 3, - 3, - 3, - 3, - 3, - 3, - 3, -
U		
Jackson, WY 83001		RAIC 02
Jackson, WY 83001	Mailing Address)	24 0
Jackson, WY 83001		02 RID 5
Jackson, WY 83001  7. The name, title or capacity and address of the part of t	person(s) who has/have authority to	02 RID 5
Jackson, WY 83001	person(s) who has/have authority to	02 RID 5
Jackson, WY 83001  7. The name, title or capacity and address of the partial G. Currington, Managing N	person(s) who has/have authority to	02 RID 5

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 Find 4 U	the Limited Liabili	ty Company is:		· · · · · · · · ·
If unavailable, t	he alternate to be us	sed in the state of Florida is:		
2. The name an	nd the Florida street	address of the registered agent and office are:	TALI SEC	
	Gerri Detw	eiler	SECRETAF	
		(Name)	RY SSE	- 1
	1037 Grey	stone Lane	`	မှု <u>က</u>
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)	- RIDA	ມ ∩ ?
	Sarasota	FL 34232		
		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.

Gerri Detweiler
(Signature)

\$ 1	00.00	Filing Fee for Application
\$	25.00	Designation of Registered Agent
\$	30.00	Certified Copy (optional)
\$	5.00	Certificate of Status (optional)

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### Find 4 U, LLC

### is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 20, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000679349**.

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 5th day of February, 2015 at 11:32 AM. This certificate is assigned 017150723.



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.