# M 5000004227

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Susiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of St	tatus
Special Instructions to	o Filing Officer:	

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#### COVER LETTER

TO:	Registration Section Division of Corporatio	ns						
SUBJ	Pigott Consulting L	LC						
SUDI	ECT:	Name of	Limited Liability	Company				
The en	nclosed "Application by Fonce, and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ition to Tran ted liability	sact Business in company to tran	n Florida," nsact busir	Certifness in	icate of Florida
Please	return all correspondence	concerning this matter to the	following:					
	Westin Pigott							
	<del> </del>	N	lame of Person	-				
	Pigott Consulti	ng LLC		_				
		F	irm/Company					
	9940 Joe Ebert	Rď						
	<del></del>		Address					
	Seffner, FL 33:	584						
		City/S	State and Zip Code			12-4-1	20	
	wpigott@pigott.	consulting				10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	2015 MAY 21	-
For fu	rther information concerning	E-mail address: (to be use og this matter, please call:	d for future annual	report notif	ication)	TARY OF	ω	Property of the Party of the Pa
	Westin Pigott		847 at (	323-1347	7	S FA	PM 3: 00	
	Name o	of Contact Person	Area Code	Dayti	me Telephone I	Vujijber	00	**************************************
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec		rcle		
Enclos	sed is a check for the follow ■ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Fili of Status & Ce			te

#### 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:

	righ Limited Liability Company; must i	include "Limited Liability Company," "L.L.C.," or "	LLC. J
		of transacting business in Florida. The alternate name	e must include "Limited
iability Company," "L.L.C,"	" or "LLC.")	47.2774227	
Wyoming	of which foreign limited liability	3. 47-3664226 (FEI number, if applicable)	
company is organized)	of which foreign finited flathing	(i Li number, ii appricable)	
N/A			
	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to registration.) 905, F.S. to determine penalty liability)	
9940 Joe Ebert Rd			
Seffner, FL 33584			
******	(Street Address of Pri	ncipal Office)	
9940 Joe Ebert Rd			285
•			
Seffner, FL 33584	(Mailing Ad	dress)	
	· · ·		MAY 28 P
Name and street addres	ss of Florida registered agent: (P.O	Box NOT acceptable)	
Name:	Westin Pigott		10 mm mm
Office Address:	9940 Joe Ebert Rd		3: 00
	Seffner	, Florida 33584	>. • •
	(City)	(Zip code)	
ils application, I hereby ith the provisions of all	accept the appointment as register statutes relative to the proper and cition as registered agent.  (Registered)	ce of process for the above stated corporation of red agent and agree to act in this capacity. I function the complete performance of my duties, and I am entered agent's signature)  who has/have authority to manage is/are:	urther agree to comply
,	and Manager.		<u>.</u>
Westin Pigott. Member a	and Manager.		
Westin Pigott. Member a	and Manager.		
Westin Pigott. Member a 9940 Joe Ebert Rd Seffner, FL 33584  O Attached is a certificate	of existence, no more than 90 days of which it is organized. (If the cert	s old, duly authenticated by the official having c	

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Westin Pigott

### 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,

## Pigott Consulting, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 18, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000681107**.

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 25th day of May, 2015 at 1:16 PM. This certificate is assigned 017862026.



Secretary of State

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.