Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000131294 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. \_\_\_\_

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045

: (302)645-7400

Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: saintyvesyvonne@aol.com

Foreign Limited Liability Company Coffee Talk Psychics LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

5

To:18**5**06176**3**83

(((H150001312943)))

## 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:

Coffee Talk Psychics LLC			
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.C."	)		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mus Liability Cumpany," "(LLC," or "LLC.")	t include	"Limite	d
<sub>2.</sub> Delaware			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		***************************************	
No business transacted in Florida prior to registration			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability)			
<sub>5.</sub> 409 N.W. 18th Ave., Cape Coral, FL 33993			
(Street Address of Principal Office)	1		
<sub>s.</sub> 409 N.W. 18th Ave., Cape Coral, FL 33993		꺙	
			ν, es in.
(Mailing Address)	13-13-	☆	79° 5°
7. The name, title or capacity and address of the person(s) who has/have authority to manage	is/are:	70-	Prince
Yvonne Saint-Yves, Member - 409 N.W. 18th Ave., Cape Coral, FL	وم ۾ استان	93	اد بود <sup>ده</sup>
	44 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	_ <del>6.8</del>	
	<del>,</del>		
		<u> </u>	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated	by the	· offici	ial
having custody of records in the jurisdiction under the law of which it is organized. (A photoco	opy is r	iot	
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath	of the t	ransla	tor
must be submitted)			
CAMME Saurot Mes			
Signature of an authorized person	Ph		
In accordance with section 605.0203 F.S., the execution of this document constitutes an affirmation unser the pendities of perjury that the un aware that any false information subradued in a document to the Department of State constitutes a third degree selony as provided for in a	.817.155,	F.S.)	us itu
Yvonne Saint-Yves			
Typed or printed name of signee			

(((H150001312943)))

## 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.

COHER	Talk Psychics	y Company is: S LLC	
If unavailabl	e, the alternate to be use	ed in the state of Florida is:	15 J
2. The name	and the Florida street a	address of the registered agent and office are	£7. " •
	Yvonne Sai	int-Yves	M : 2
		(Nartie)	一
	409 N.W. 1	8th Ave.	<b>≥</b>
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	
	Cape Coral	FL 33993	
		City/Siate/Zip	<del></del>
liability comp		ent and to accept service of process for the ab ated in this certificate, I hereby accept the ab	pointment as

(((H150001312943)))\*

## Delaware

**स्ट्रे**क्ट

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COFFEE TALK PSYCHICS LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COFFEE TALK PSYCHICS LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2014.

AND I DO HERBEY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

15 JUN -2 AH II: 28

5608544 8300

150451071

You may verify this certificate online

AUTHENTY CATION: 2293691

DATE: 04-15-15

(((H150001312943)))