

MI5000006051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

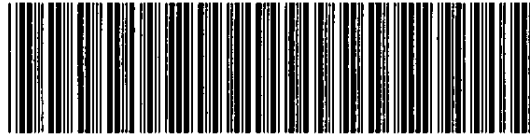
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JUL 30 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 03 2015  
J SHIVER

1119



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2015

PATRICK FLYNN  
839 NE 77 ST  
OCALA, FL 34479

SUBJECT: PA VENTURES GROUP LLC  
Ref. Number: W15000048769

We have received your document for PA VENTURES GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 115A00015213

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

PA Ventures Group 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:

Patrick Flynn

\_\_\_\_\_  
Name of Person

PA Ventures Group LLC

\_\_\_\_\_  
Firm/Company

839 NE 77 ST

\_\_\_\_\_  
Address

Ocala FL, 34479

\_\_\_\_\_  
City/State and Zip Code

Navynuke01@gmail.com

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

For further information concerning this matter, please call.

Tom Nagar

888

316-8215

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

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

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. PA Ventures Group 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 Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Nevada

3

(FEI number, if applicable)

(Jurisdiction under the law of which foreign limited liability company is organized)

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

839 NE 77 ST Ocala FL, 34479

(Street Address of Principal Office)

6. P.O. Box 371657 Las Vegas NV 89137

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Patrick Flynn

Office Address: 839 NE 77 ST

Ocala

(City)

Florida

34479

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*Patrick Flynn*

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Patrick Flynn 839 NE 77 ST Ocala FL, 34479

TITLE: MANAGER

CAPACITY: OWNER

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

*Patrick Flynn*

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.

*PATRICK FLYNN*

Typed or printed name of signer

FILED  
15 JUL 30 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PA VENTURES GROUP LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 8, 2014, and is in good standing in this state.



IN WITNESS WHEREOF I have hereunto set my hand and affixed the Great Seal of State at my office on July 1, 2015.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE

Secretary of State

RECEIVED  
JUL 30 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Certificate

Certificate Number: C20150701-2269

You may verify this electronic certificate  
online at <http://www.nvsos.gov/>