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COVER LETTER

TO:

TO:	Registration Section Division of Corporations
⁷⁹ SUBJI	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nce, 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:
	PETER R WOOWORTH Name of Person
	INCREMENT CAPITAL GROUP LLC Firm/Company
	1541 S OCEAN BLUD #123
	POMPANO BEACH, FL 33062 City/State and Zip Code
	PETEWCINCREMENT CG, COM E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	PETE WOOD WORTH at (954) 947-0034 Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose	ed is a check for the following amount: \$\Boxed{1} \\$125.00 \text{ Filing Fee} \\ \text{Certificate of Status} \\ \Boxed{1} \\$155.00 \text{ Filing Fee & }\Boxed{1} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{1} \\$155.00 \text{ Filing Fee & }\Boxed{1} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 \text{ Filing Fee, Certificate of Status} \\ \Boxed{2} \\$160.00 Fili



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2015

PETER R WOODWORTH 1541 S OCEAN BLVD #123 POMPANO BEACH, FL 33062 US

SUBJECT: INCREMENT CAPITAL GROUP, LLC

Ref. Number: W15000058634

We have received your document for INCREMENT CAPITAL GROUP, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 015A00018732

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ENT CAPITAL GROUP, LL C. ign Limited Liability Company, "L.L.C.," or "I	LLC.")		
Liability Company," "L.L.C," 2. W OM ING (Jurisdiction under the law of	ernate name adopted for the purpose of transacting business in Florida. The alternate name or "LLC.") 3. (FEI number, if applicable)	e must incl	ude "I	Limited
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)			
5. <u>1591 S</u>	OCEAN BLUD #123			
POMPANO	BEACH, FL 33062 (Street Address of Principal Office)			
6 SAME	(Street Address of Principal Office)	*****,		
6			35	
	(Mailing Address)		007	
7. Name and street address	of Florida registered agent: (P.O. Box NOT acceptable)	SSE	23	(STATE CHEN
Name:	PETER R WOODWORTH	THE ST	3	П
Office Address:	1541 S OCEAN BLUD #123	STA STA	<u>5</u>	\Box
Office Address.	POMPANO REACH , Florida 33062		8	
	Florida 3.300°			
D-241444	(City) (Zip code)	•		
this application, I hereby a	(City) (Zip code) ance: sistered agent and to accept service of process for the above stated corporation a accept the appointment as registered agent and agree to act in this capacity. I fu tatutes relative to the proper and complete performance of my duties, and I am tion as registered agent.	erther ag	ree to	comply
Having been named as reg this application, I hereby a with the provisions of all st	(City) (Zip code) ance: eistered agent and to accept service of process for the above stated corporation a except the appointment as registered agent and agree to act in this capacity. I full tatutes relative to the proper and complete performance of my duties, and I am j	erther ag	ree to	comply
Having been named as reg this application, I hereby a with the provisions of all so the obligations of my position. 8. The name, title or capac	(City) (Zip code) ance: sistered agent and to accept service of process for the above stated corporation a accept the appointment as registered agent and agree to act in this capacity. I fu tatutes relative to the proper and complete performance of my duties, and I am j tion as registered agent. (Registered agent's signature) city and address of the person(s) who has/have authority to manage is/are:	urther agi familiar	ree to	comply
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Having been named as reg this application, I hereby a with the provisions of all so the obligations of my positi 8. The name, title or capac FETER R 154 9. Attached is a certificate of	(City) (Zip code) ance: existered agent and to accept service of process for the above stated corporation as accept the appointment as registered agent and agree to act in this capacity. I fut statutes relative to the proper and complete performance of my duties, and I am find as registered agent. (Registered agent's signature) (Registered agent's signature) city and address of the person(s) who has/have authority to manage is/are: OCEAN BLUD # 123 OCEAN BLUD # 123 OFFACH FL 33062 of existence, no more than 90 days old, duly authenticated by the official having cut off which it is organized. (If the certificate is in a foreign language, a translation of the state o	arther agr	ree to with a	comply and accept ds in the

Typed or printed name of signee

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,

Increment Capital Group LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 13, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000641525**.

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 21st day of October, 2015 at 1:39 PM. This certificate is assigned 018741829.



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.