

MI6000002884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

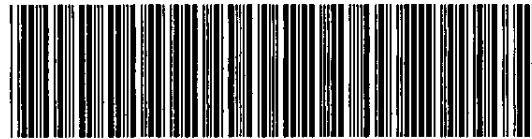
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

4/8/16 8:05



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2016

MARK PETER
P.O. BOX 840180
SAINT AUGUSTINE, FL 32080

SUBJECT: ANYCHART, LLC
Ref. Number: W16000021758

16 APR - 7 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for ANYCHART, 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):

The registered agent must sign accepting the designation.

Signed

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 316A00005999

Thank you!

2016 APR - 7 PM 3:37
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

ANYCHART 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:

Mark Peters

_____ Name of Person

Anychart LLC

_____ Firm/Company

P.O. Box 840180

_____ Address

Saint Augustine, FL 32080

_____ City/State and Zip Code

heather.kennedy@anychart.com

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

16 APR - 7 AM 9:28
SEARCHED INDEXED
SERIALIZED FILED
FLORIDA DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
F I L E D

For further information concerning this matter, please call:

Heather Kennedy	603	498-1841
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

**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:

1. ANYCHART, 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. DELAWARE

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

3. 47-4317453

(FEI number, if applicable)

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

5. 161 Kings Quarry Lane

Saint Augustine, FL 32080

(Street Address of Principal Office)

6. P.O. Box 840180

Saint Augustine, FL 32080

(Mailing Address)

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

Name: Mark Peters

Office Address: 161 Kings Quarry Lane

Saint Augustine, Florida 32080
(City) (Zip code)

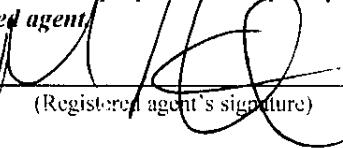
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DIVISION

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TC APR -7 AM 9:23

Registered agent's acceptance:

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 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.

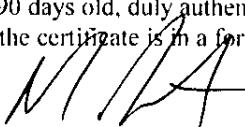

(Registered agent's signature)

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

Mark Peters, Vice President, 161 Kings Quarry Lane, Saint Augustine, FL 32080

Heather Kennedy, Finance & Administration Consultant, 161 Kings Quarry Lane, Saint Augustine, FL 32080

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)


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.

Mark Peters

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ANYCHART, 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 TENTH DAY OF MARCH, A.D. 2016.

10 APR - 7 AM 9:28
FILED
SECRETARY OF STATE
TRENTON, NEW JERSEY
Jeffrey W. Bullock, Secretary of State

5765085 8300

SR# 20161546577

You may verify this certificate online at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State

Authentication: 201962624

Date: 03-10-16