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(Re	questor's Name)	<u>-</u>		
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(Cit	y/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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W16-17750



March 9, 2016

MICHAEL A SCOTT 10181 SIX MILE CYPRESS PARKWAY SUITE C FORT MYERS, FL 33966 US

SUBJECT: FUIRS, LLC

Ref. Number: W16000017750

We have received your document for FUIRS, 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 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: 616A00004906

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	FUIRS, LLC						
SOBJECT.	Name of Limited Liability Company						
The enclosed Existence, ar	I "Application by Fore ad check are submitted	eign Limited Liability Comp I to register the above refer	oany for Authoriza enced foreign limi	ition to Tra ted liabilit	unsact Business in Florida, y company to transact busi	" Certificate of ness in Florida	
Please return	all correspondence c	oncerning this matter to the	following:				
	Michael A Scot	t					
	Name of Person						
	The Dorcey Law Firm, PLC						
	Firm/Company						
	10181 Six Mile Cypress Parkway, Suite C						
Address						-	
Fort Myers, FL 33966							
		City/S	tate and Zip Code			-	
	mike@dorceylaw	.com					
		E-mail address: (to be used	d for future annual	report not	ification)	-	
For further in	formation concerning	this matter, please call:					
Mic	chael A Scott		239 at (418-01	69		
	Name of	Contact Person	Area Code	Day	time Telephone Number	•	
Div Reg P.O	ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle see, FL 32301		
	check for the followi 125.00 Filing Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filia Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co		

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. Fuirs, LLC						
(Name of For	eign Limited Liability Company; mus	t include "L	mited Liability Company," "L.L.C.,"	or "LLC.")		
Liability Company," "L.L.C.	lternate name adopted for the purpose " or "LLC.")			name must inc	lude "Limite	:d
2. Wyoming		3. 81-1	482111			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applica	hle)		
4						
	(Date first transacted busines (See sections 605,0904 & 605.0	s in Florida 1905, F.S. to	if prior to registration.) determine penalty liability)			
5. 4600 Summerlin Road						
Fort Myers, FL 33919						
	(Street Address of P	rincipal Off	ce)			
6. 4600 Summerlin Road	C-2-507					
Fort Myers, FL 33919						
	(Mailing A	ddress)	, <u></u>			
7. Name and street address	ss of Florida registered agent: (P.C). Box <u>NC</u>	<u>(T</u> acceptable)			
Name:	DLF Registered Agent Service,	LLC				
Office Address:	10181 Six Mile Cypress Parkwa	y, C				
	Fort Myers, FL		, Florida 33966 (Zip code)	, .	*****	
	(City)		(Zip code)		6 ≥	
designated in this applica to complywith the provisi	gistered agent and to accept servition, I hereby accept the appointe ons of all statutes relative to the p my position as registered agent	nent as reg proper and	ristered agent and agree to act in complete performance of my du	this capacity	iny at the p	agree
	Registe	red agent's s	ignature)	***	0ړ	
8. The name, title or capa	acity and address of the person(s)	who has/ha	ve authority to manage is/are:			
Eric M. Pipher, MGR						
Pamela J. Pipher, MGR						
<u></u>						
9. Attached is a certificate jurisdiction under the law of the translator must be so		s old, dyly tificate is i	foreign language, a translation	ng custody of	records in cate under	the oath
This document is executed submitted in a document to	in accordance with section 605.02 the Department of State constitute	203 (1) (H), es a third d	Florida Statutes. I am aware that egree felony as provided for in s.8	any false info 317.155, F.S.	rmation	

State of Wyoming

Office of the Secretary of State



United States of America. State of Wyoming

SS.

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

FUIRS, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 25, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016**-**000707430**.

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 30th day of March, 2016 at 8:25 AM.



Secretary of State

By Losale honel

Rosalie Gonzales