

M16000004583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

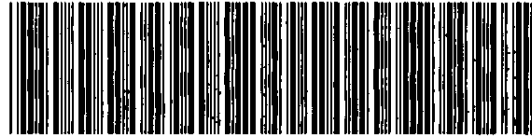
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500286438025

06/06/16--01018--011 **125.00

FILED
16 JUN -6 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 08 2016

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Norm Stores LLC

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:

Norman Wells

Name of Person

Norm Stores LLC

Firm/Company

30 N Gould St., Suite 5358

Address

Sheridan, WY 82801

City/State and Zip Code

NORM@NORMSTORES.COM

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

For further information concerning this matter, please call:

Norman Wells

877

251-9528

at ()

Name of Contact Person

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:

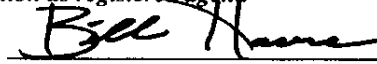
1. Norm Stores LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Norm Stores 2 LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. State of Wyoming 3. 81-2775767
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. n/a
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 30 N Gould St., Suite 5358
Sheridan, WY 82801
(Street Address of Principal Office)
6. 30 N Gould St., Suite 5358
Sheridan, WY 82801
(Mailing Address)

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

Name: REGISTERED AGENTS INC.
Office Address: 3030 N. Rocky Point Drive, STE 150A
TAMPA, Florida 33607
(City) (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.



Bill Havre/Assistant Secretary/Registered Agents Inc

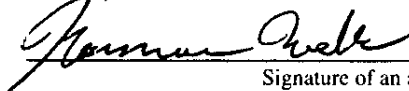
(Registered agent's signature)

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

Norman Wells, member, 30 N Gould St., Suite 5358, Sheridan, WY 82801

Linda Wells, member, 30 N Gould St., Suite 5358, Sheridan, WY 82801

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.

Norman Wells

Typed or printed name of signee

FILED
16 JUN -6 PM 1:59
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

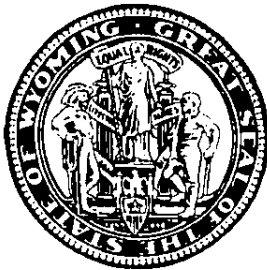
I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

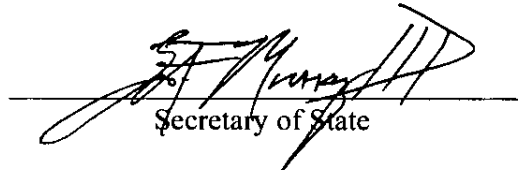
Norm Stores, LLC.
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 27, 2016**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2016-000716078**.

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 31st day of May, 2016 at 4:19 PM. This certificate is assigned 020281220.




Secretary of State