## 11600007189

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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K.SALY EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations

TO:

ARROWCENTRIC, LLC SUBJECT:				
	e of Limited Liability Company			
	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida			
Please return all correspondence concerning this matter to the following:				
MARTHA LEON				
<del></del>	Name of Person			
	Firm/Company			
	1 min company			
27943 SMYTH DRIVE, SUITE 207				
	Address			
VALENCIA, CA 91355				
C	ity/State and Zip Code			
accounting@arrowcentric.com				
E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, please call	l:			
Martha Leon	661 414-7729 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	& \$\sim\$\$ \$155.00 Filing Fee & \$\sim\$\$ \$\$ \$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:

, ARROWCENTRIC, LI	C		
I.	ign Limited Liability Company; must include	Limited Liability Company," "L.L.C"	or "LLC.")
ARROW CENTRIC, LLC		,,	,
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose of transaction "LLC.")	cting business in Florida. The alternate na	ame must include "Limited
<sub>2.</sub> DELAWARE	.).	-2669719	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	(e)
4			<del></del>
5 695 CENTRAL AVEN	(Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S. (UE, SUITE 250	da, it prior to registration.) to determine penalty liability)	
J			1016 SEP - 7 FM F: 26
ST. PETERSBURG, FI		.07	- E
627943 SMYTH DRIVE	(Street Address of Principal O	iffice)	10 P
6. <u>27943 3.011 111 BRIVE</u>	., #207		一題一面
VALENCIA, CA 9135			10 3 C
	(Mailing Address)		DO F
7. Name and street addres	s of Florida registered agent: (P.O. Box 1	NOT acceptable)	是 26
Name:	MICHAEL WILSON		Q .
Office Address:	695 CENTRAL AVENUE, SUITE 250		·
	ST. PETERSBURG	Florida 33701 (Zip code)	·
	(City)	(Zip code)	_
designated in this applicate to complywith the provision	gistered agent and to accept service of protion, I hereby accept the appointment as roots of all statutes relative to the proper any position as registered agent.	registered agent and agree to act in t and complete performance of my duti	this capacity. I further agree
	(Registered agent	's signature)	
8. The name, title or capa	city and address of the person(s) who has/	have authority to manage is/are:	
Michael Wilson, Member:	: 695 Central Avenue, Suite 250, St. Peter	sburg, FL 33701	
Arthur Welch, Member: 2	27943 Smyth Drive, #207, Valencia, CA	91355	
	of existence, no more than 90 days old, du of which it is organized. (If the certificate in abmitted)		
	<i>(</i> ()		
	Signature of an auth	orized person	<del></del>
	in accordance with section 605.0203 (1) (		

Typed or printed name of signee

ARTHUR WELCH

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARROWCENTRIC, 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2016.





6040529 8300 SR# 20165411535 Authentication: 202874035

Date: 08-23-16