116000008345

(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: Correction to officer title Per Conversation with ELIZABETH CRISMAN 10/19/2016 KS



300291152323

10/17/16--01025--024 **155.00

2016 OCT 18 PH 2: 04

Office Use Only

K. SALY OCT 1 9 2016

COVER LETTER

TO:	Registration Section Division of Corporation	ns		•
SUBJE	CCT: CORE	4 Acquisition	ONS LLC	
		() Name of t	Similed Elability Company	
				ansact Business in Florida," Certificate of y company to transact business in Florida
Please	return all correspondence of	concerning this matter to the	following:	
	E	Lizabeth L.	CRISMAN ame of Person	
	Q	ore 4 Ocquis	sitions, LLC rm/Company	
	18	82 Pine Rio	Address Lay W.	#62
		PALM Harbo City/Si	r, 90 346 tate and Zip Code	84
		6/c 64@ 04 E-mail address: (to be used	1 LOOK. COM	ification)
For fur	ther information concernin	g this matter, please call:		
	Elszabeth Name o	<u>L. CRISMAN</u> of Contact Person	at (<u>727</u>) <u>73</u> , Area Code Day	5-2648 vtime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301
Enclose	ed is a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$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 F COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN LIMITED LIABILITY
1. Core 4 Acous itions 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	
Liability Company," "L.L.C," or "LLC.")	
2. State of Wyoming (Jurisdiction under the law of which foreign Hmited liability company is organized) 3. (FEI number, if applicable)	
4	129
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	60
5. 1882 Pine Ridge WAY W #E2	
PALM Harbor, 7L 34684 (Street Address of Principal Office)	
6. 1882 Pine Ridge Way W #EZ	13
Palm Harbor, 7L 34684 (Mailing Address)	OF STATE OF
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: FLIZabethLCRISMAN	
Office Address: 1882 Pine Ridge Way W/#E2 PALM Harbor, Florida 34684	
(City), Florida 1468 T	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent. (Registered agent's signature)	capacity. I further agree
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
ELIZabeth C. CRISMAN-1882 Fine Ridge Way WEZ PA	2m Harbor, 7134680
ELIZABETH L. CRISMAN-1882 Fine Ridge Way WEZ, FA	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having of jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.	
ELIZABETH L. CRISMAN Typed or printed name of signee	

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,

Core 4 Acquisitions, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on February 20, 2016, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2016-000707034.

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 14th day of October, 2016 at 11:03 AM. This certificate is assigned 021232319.



Secretary of State

2016 OCT 18 PM 2: 04

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.