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(Requestor's Name)					
(Address)					
(Ad	ldress)	··· · · · · · · · · · · · · · · · · ·			
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

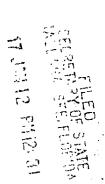
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COVER LETTER

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	gistration Section vision of Corporation	is					
· ·	PREMIER ASSOCI	ATES UNITED OF WYOM	IING, LLC				
SUBJECT:	W. W.	Name of Limited Liability Company					
		eign Limited Liability Comp d to register the above refere					
Please return	n all correspondence c	oncerning this matter to the	following:				
	MICHAEL A. S	SCOTT, ESQ.					
		N	ame of Person				
	THE DORCEY	LAW FIRM, PLC					
		Fi	rm/Company				
	10181 SIX MILE CYPRESS PARKWAY, SUITE C						
Address							
	FORT MYERS	, FL 33966					
		City/S	tate and Zip Code			سم معداً معداً معداً معداً	
	MIKE@DORCE	YLAW.COM				wad Lug	
		E-mail address: (to be used	d for future annual	report not	ification)	Carlo Santa Time	
For further i	nformation concernin	g this matter, please call:				79 79	
MI	CHAEL A. SCOTT,	ESQ.	239 at (418-01	69	PK 12: 31	
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	<u></u>	
Div Re; P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsim \text{S130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of 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:

Premier Associates Uni	ited of Wyoming, LLC		
(Name of Fore	ign Limited Liability Company; must include "I	Limited Liability Company," "L.L.C.," or "LLC.	<u>")</u>
Liability Company," "L.L.C."	ternate name adopted for the purpose of transact or "LLC.")	ting business in Florida. The alternate name mus	t include "Limited
2. Wyoming	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t	a, if prior to registration.)	
s. 7190 Pinnac	1. 1. 1. 1. 2.7	to determine penalty liability)	
Ft Myers	S, FL 33907 (Street Address of Principal Of	(figs)	
6. P.O. Box 1694	(Street Address of Principal Of	nice)	TIR en
Lehigh Acres, FL 3397			
	(Mailing Address)		
7. Name and street addres	ss of Florida registered agent: (P.O. Box N	IOT acceptable)	20 10
Name:	DLF Registered Agent Service, LLC		
Office Address:	10181 Six Mile Cypress Parkway, Suite C		
	Fort Myers	, Florida 33966	ائی
5 1 1 11	(City)	(Zip code)	
Registered agent's accept Having been named as re-		ocess for the above stated limited liability co	mpany at the place
designated in this application	tion, I hereby accept the appointment as re	egistered agent and agree to act in this cap	acity. I further agree
		d complete performance of my duties, and	I am familiar with an
accept the obligations of r	my position as registered agent.		
	(Registered agents	s signature)	
8. The name, title or capa	acity and address of the person(s) who has/h	nave authority to manage is/are:	
KEUIN MUI	linas - Manager		
7190 D. 00	acle Dr. # Jaz		
TI TO PINTO	<u> </u>		
It. Myes	, tr 33907		
 Attached is a certificate 	of existence, no more than 90 days old, dul	ly authenticated by the official having custoo	dy of records in the
jurisdiction under the law	of which it is organized. (If the certificate is	s in a foreign language, a translation of the c	
of the translator must be su			
	Yem // Mullim Signature of an author	n	
	Signature of an author	rized person	
	in accordance with section 605.0203 (1) (b	o), Florida Statutes. I am aware that any false	
submitted in a document to		degree felony as provided for in s.817.155,	F.3.
	Kevin Mullings		
	Typed or printed remo	e or signee	

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,

Premier Associates United of Wyoming LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 12, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000732447**.

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 29th day of December, 2016 at 2:59 PM.



Secretary of State

By Rosalie Gonzella

Rosalie Gonzales