

M17000000982

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000030458 3)))



H170000304583ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CUSTOM MANAGEMENT LLC
Account Number : I20170000014
Phone : (302)307-3686
Fax Number : (561)228-0747

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: New Delaware LLC 777@YAHOO.COM

Foreign Limited Liability Company
CUSTOM MANAGEMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$768.75

130.00

FEB 03 2017

Y SULKER

H170000304583

February 2, 2017

Florida Department of State Division of Corporations

Subject: CUSTOM MANAGEMENT LLC

To Whom It May Concern:

Please note that I am the previous Member of Custom Management, LLC filed in the state of Florida (L16000228619). I have Voluntarily Dissolved this Company so I can file the correct form which is "Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida". I have no intention of revoking of my Voluntary LLC Dissolution filed on 1/27/2017.

Thank you,

Anastasia Novosad

17 FEB -2 PM 1:42
ANASTASIA NOVASAD
FLORIDA

H170000304583

H 170000304515

**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. CUSTOM MANAGEMENT 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 must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. WYOMING 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
4371 Northlake Blvd Suite 305, Palm Beach Gardens, FL 33410
(Street Address of Principal Office)

6. _____
4371 Northlake Blvd Suite 305, Palm Beach Gardens, FL 33410
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: INCORP SERVICES, INC
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
NADINE LONG FOR INCORP SERVICES, INC - Authorized Representative
17888 67th Court North, Loxahatchee, FL 33470

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.

NADINE LONG FOR INCORP SERVICES, INC
Typed or printed name of signer

H 170000304515

H170000304583

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,

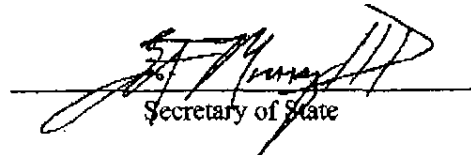
CUSTOM MANAGEMENT LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 8, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000725730**.

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 1st day of February, 2017 at 8:21 AM. This certificate is assigned 022092221.




Secretary of State

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.

H170000304583