MV7000001969

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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D. SCOTT MAR. 8 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2017

JAMES C RAMAGE 6151 LAKE OSPREY DR. STE 300 SARASOTA, FL 34240

SUBJECT: MERCHANT COURT, LLC

Ref. Number: W17000012924

We have received your document for MERCHANT COURT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter; within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 517A00002925

www.sunbiz.org

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	cт://2	ERCHANTI CO) DURT,	140	<u>.</u>	
		Name of Li	imited Liability C	Lompany		
The end Existen	closed "Application by Foreice, and check are submitted	ign Limited Liability Compa to register the above referen	my for Authoriza	tion to Tran ted liability	sact Business in Florida," (company to transact busine	Certificate of ess in Florida
Please	eturn all correspondence co	ncerning this matter to the fo	ollowing:			
		gmes C.	RAMI	9GE		
		Nai	ne of Person			
	//	MERCHANT	COUR	T, L	1-	
Firm/Company						
	615	1 LAX2 (OSPRE	y D	R, STE. 3	300
			Address	,	· · · · · · · · · · · · · · · · · · ·	
	5,	ORASOTA, "	₹᠘.	347	240	
SARASOTA, FL 34240 City/State and Zip Code						
E-mail address (to be used for future annual report notification)						
		E-mail address: (to be used	for future annual	report noti:	fication)	ጏ
For fur	ther information concerning				T. Carl	毫 刀
(DAMSS W.	Collins	at (866	69	6-1123	FILED
	Name of	Contact Person	Area Code	Dayt	ime Telephone Number	
	MAILING ADDRESS: Division of Corporations				ADDRESS:	E 5 5
	Registration Section			_	on Section	·
	P.O. Box 6327 Tallahassee; FL 32314				outive Center Circle ce, FL 32301	
Englas	od is a shook Courte Coll					
i:ncios	ed is a check for the following \$125.00 Filing Fee	hg amount: \$\footnote{L}\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili		115160.00 Filing Fee, Ce of Status & Certified Cop	
	_ /	-			·	

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 TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
MERCHANT COURT, L-LC
(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 "LL.C.")
2. Wyom ING (Iurisdiction under the law of which foreign limited liability 3. \\ (100 \) (FEI number, if applicable)
(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.
6151 Lake Osprey Dr., STE 300 (Street Address of Principal Office)
6. Sacusota, EL-34240
6,5) Lite Osprov Da., Surasoly (234240)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: DAMSS C. Ramage (1 30)
Office Address: 6151 Lake Osprey Dr., Ste Sto SE & T
Sarasota , Florida 34240 & 5
(City) (Zip code)
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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and Lam 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:
James C. Kamage //anagor
_6/5/ Lake Osprey Dr. 5k 30
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, Lam 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.
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,

Merchant Court, LLC

is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 19, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000739547**.

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 28th day of February, 2017 at 11:19 AM. This certificate is assigned 022348528.



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.