# M17000002218

| (Re                                     | questor's Name)   |           |  |  |
|---|-------------------|-----------|--|--|
|   |                   |           |  |  |
| (Ad                                     | dress)            |           |  |  |
|   |                   |           |  |  |
| (Address)                               |                   |           |  |  |
|   |                   |           |  |  |
| (City/State/Zip/Phone #)                |                   |           |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |
|   |                   |           |  |  |
| (Bu                                     | siness Entity Nam | e)        |  |  |
|   |                   |           |  |  |
| (Document Number)                       |                   |           |  |  |
|   |                   |           |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |
|   |                   |           |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |
| 1                                       |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |
| L                                       |                   |           |  |  |





800296249988

03/13/17--01032--010 \*\*125.00

HICKETARY OF STATE

**S Warren** MAR 1 6 2017

#### COVER LETTER

| TO: Registration Section Division of Corporatio  | ns   |   |  |  |
|--|--|---|--|--|
| SUBJECT:   | Deerfield Ho   | Idings LL                                       | C  |  |
|  | Name of L  | imited Liability Company                        |  |  |
|  |  |   | nsact Business in Florida," Certificate of company to transact business in Florida |  |
| Please return all correspondence   | concerning this matter to the f                            | ollowing:                                       |  |  |
|  | John Byn   | nes, Manager                                    |  |  |
|  | Na   | me of Person                                    |  |  |
| Deerfield Holdings LLC Firm/Company  |  |   |  |  |
|  | Fir  | n√Company                                       |  |  |
|  | PO Box   | 22547   |  |  |
|  |  | Address   |  |  |
|  | St. Simons 1:  | s., 6A 31                                       | 522  |  |
|  | City/Sta   | ate and Zip Code                                |  |  |
| abujack @ mail-com   |  |   |  |  |
|  | E-mail address: (to be used                                | for future annual report not                    | ification)   |  |
| For further information concerning   | ng this matter, please call:                               |   |  |  |
| John By  | MNES of Contact Person                                     | at (770) 2                                      | 31 6631  |  |
| Name   | of Contact Person  | Area Code Day                                   | time Telephone Number  |  |
| MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 |  | Division on Registrati<br>Clifton B<br>2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301      |  |
| Enclosed is a check for the follow<br>\$125.00 Filing Fee  | wing 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 803.0902, PLORIDA STATUTES, THE PULLOWING IS SUBMITTED TO REGISTER A POREIGN "LIMITED LIABILITY<br>COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:                 |
|---|
|   |
| 1. Deer field Holdings LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |
| Deerfield Holdings Wxoming 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. Wyomina 3.   |
| (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)   |
| 4   |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |
| 5. 633 S. Federal Highway, (8th Floor)  |
| Ft. Lauderdale, Fu 33301  |
| (Street Address of Principal Office)  PO Box 1687   |
|   |
| Port Salerno FL 3\$992  |
| (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |
| Name: Al Parola   |
| Office Address: 633 S. Federal Highway  |
| F+ Lauder dale , Florida 3330/ (City) (Zip code)  |
|   |
| Registered agent's acceptance:<br>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 I am familiar with an<br>accept the obligations of my position as registered, agent. |
| MA Commence   |
| (Registered agent's signature)  |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  |
|   |
| John Byrnes Manager<br>P.O. Bex 22547   |
| St. Sings 15 64 31522   |
| JF. J.M.M.S 15, OFF S1324   |
| 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)                 |
| 10 But Mar  |
| 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.   |
| JOHN BYENES MGR   |
| 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,

### **Deerfield Holdings LLC**

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 27, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000740564**.

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 3rd day of March, 2017 at 3:02 PM. This certificate is assigned 022393936.



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.