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(R	Requestor's Name)	
(A	ddress)	
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(E	Business Entity Name)	
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• COVER LETTER

TO:	tegistration Section vivision of Corporations				
SUBJI	Goddess Works Gallery U.C				
SUBIL	Name of Lumted Liability Company				
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate and check are submitted to register the above referenced foreign limited hability company to transact business in Florida.				
Please	im all correspondence concerning this matter to the following:				
	Robert Casey , AR				
	Name of Person				
	Global Wealth Protection LLC				
	Firm/Company				
	1930 Village Center Circle, #3-7596				
	Address				
	Las Vegas, Nevada 89134				
	City/State and Zip Code				
	info@globalwealthprotection.com				
	E-mail address: (to be used for future annual report notification)				
For far	information concerning this matter, please call.				
	obert Casey , AR 347 410-5041 at ()				
	Name of Contact Person Area Code Daytime Telephone Number				
	IAHLING ADDRESS: IX ISON of Corporations egistration Section O. Box 6327 allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Chilon Building 2661 Executive Center Circle Tallahassee, FL 32301				
Frictor	s a check for the following amount: I \$125.00 Filing Fee				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Goddess Works Gallery LLC	Goddess Works Gallery	LLC		
Augusting (Jarosherico under the law of which foreign limited hability company is organized) (Joac flist transacted bussness in Florida, if price to registration.) (See sections 605 1990 & (08.0908 F.S. to determine penalty liability) (See sections 605 1990 & (08.0908 F.S. to determine penalty liability) [See sections 605 1990 & (08.0908 F.S. to determine penalty liability) [See sections 605 1990 & (08.0908 F.S. to determine penalty liability) [See sections 605 1990 & (08.0908 F.S. to determine penalty liability) [See sections 605 1990 & (08.0908 F.S. to determine penalty liability) [See sections 605 1990 & (08.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sections 605 1990 & (18.0908 F.S. to determine penalty liability) [See sec	(Name of Fore	ign Limited Liability Company; must include "Limi	ed Liability Company." "L.L.C.," or	T. "LLC.")
Company is organized			ousmess in Florida. The alternate na	ime must include "Limited
(Date first transacted business in Florida, if prior to registration.) (See sections 603 0904 & 605,0905 F.S. to determine penalty liability) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 603 0904 & 605,0905 F.S. to determine penalty liability) Buffalo, Wyoming 82834 (Street Address of Principal Office) 4.12 N. Main St., STE 100 Buffalo, Wyoming 82834 (Mailing Address) Name: Northwest Registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent, Inc. Office Address: Tampa Story of the above stated limited liability company at the place legislated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with 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: Flying Hawk LLC., MGR 330-B Harkle Rd, STE 100 Soma Fe, NM 87505 O. Attached as a certificate of existence, no more than 90 days old, dily authenticated by the official having custody of records in the unisohetion under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oa of the translation under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oa of the translation under the law of which it is organized.	Wyoming	3,		
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Buffalo, Wyoming 82834 (Street Address of Principal Office) Buffalo, Wyoming 82834 (Mailing Address) Name: Northwest Registered agent: (P.O. Box NOT acceptable) Name: Office Address: City Tampa (City) 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 lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to complywith the provisions of all stantes relative to the proper and complete performance of my duties, and I am familiar with 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: Flying Hawk LLC., MGR Sauta Fe. NM 87505 2. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the unisdated made the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under on if the translator must be submitted)	l			
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Buffalo, Wyoming 82834 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent, Inc. Office Address: 3030 N Rocky Point Dr., STE 150A Tampa Florida 33607 (City) Registered agent's acceptance: (City) 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 age to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with except 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: Plying Hawk LLC., MGR 530-B Harkle Rd, STE 100 Santa Fe, NM 87505 2. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the unisdection under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oal of the translator must be submated)		34		_
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Name: Northwest Registered Agent, Inc. Northwest Registered Agent, Inc.	Buffalo, Wyoming 828.	34		^
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Tampa (City)	Name:	Northwest Registered Agent, Inc.	·	
(City) (All ambed appeared agent and agree to act in this capacity. I further agent agent and agree to act in this capacity. I further agent agent and agree to act in this capacity. I further agent agent and agree to act in this capacity. I further agent agent and agree to act in this capacity. I further agent agent and agree to act in this capacity. I further agent agent and agree to act in this capacity. I further agent and agree to act in this capacity. I further agent and agree to act in this capacity. I further agent and agree to act in this capacity. I further agent and agree to act in this capacity. I further agent and agree to act in this capacity. I further agent and agree to act in this capacity. I further agent and agree to act in this capacity. I further agent and agree to act in this capacity. I further a	Office Address:			
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Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bobby Casey, AR

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,

Goddess Works Gallery LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 17, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000742990**.

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 17th day of February, 2017 at 6:45 PM. This certificate is assigned 022263426.

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.