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DIVISION OF CORPORATIONS

O SIMMONS  
JUN 16 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Optimal Moments, LLC**  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**Dr. Sheriece Sadberry**  
Name of Person

**Optimal Moments, LLC**  
Firm/Company

**123 W 8th St, Suite 205**  
Address

**Lawrence KS 66044**  
City/State and Zip Code

**drsheriece@om-llc.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Dr. Sheriece Sadberry** at **813** **538-0149**  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>of Status & Certified Copy |
|---|---|--|---|

**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. Optimal Moments, 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. Kansas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1397409

(FPI 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. 10014 N Dale Mabry Hwy

(Street Address of Principal Office)

Suite 216

Tampa FL 33618

6. 10014 N Dale Mabry Hwy

(Mailing Address)

Suite 216

Tampa FL 33618

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kayla Lopes

Office Address: 566 Orange Dr. Apt 42

Altamonte Springs

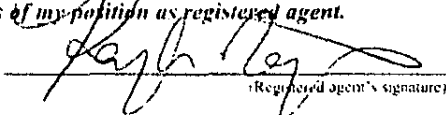
(City)

Florida 32701

(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:

**Title or Capacity:**

**Name and Address:**

**Title or Capacity:**

**Name and Address:**

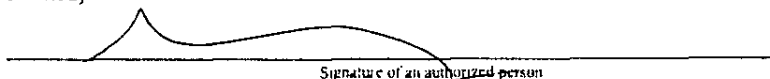
Owner/Manager

Dr. Sheriece Sadberry

10014 N Dale Mabry Hwy, Suite 216  
Tampa FL 33618

(Use attachments if necessary)

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

10. 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.

Dr. Sheriece Sadberry

(Typed or printed name of signer)

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DIVISION OF CORPORATIONS

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 7770423

Entity Name: OPTIMAL MOMENTS, LLC

Entity Type: PROFESSIONAL LLC

State of Organization: KS

Resident Agent: SHERIECE SADBERRY

Registered Office: 123 W 8th St Unit 205, LAWRENCE, KS 66044

was filed in this office on July 15, 2014, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 30, 2017

**KRIS W. KOBACH**  
**SECRETARY OF STATE**

Certificate ID: 954424 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.