1117000005120

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
	ty/State/Zip/Phone	- (1)	
(CII	ty/State/Zip/Pnone	: #)	
PICK-UP	☐ WAIT	MAIL.	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



300299630373

06/02/17--01017--014 **125.00

FILED

17 JUN 14 PM 2:35

SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT JUN 1 6 2017



June 5, 2017

MARK LEWIS 6723 MANGO AVE S ST PETERSBURG, FL 33707

SUBJECT: FLYING PIG VENTURES, LLC

Ref. Number: W17000047324

We have received your document for FLYING PIG VENTURES, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company,", the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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 (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

SECRETARY OF STATE ALLANASSEE, FLORIGA

Letter Number: 817A00011262

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FLYING PIG VENTURES, 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:				
MARK LEWIS				
Name of Person				
FLYING AGUENTURES, LLC				
Firm/Company				
6723 MANGO AUES.				
Address				
ST. PETERSBURG, FC 33707				
City/State and Zip Code				
MARKO TRIUSELL. COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MARK LEWIS at (847) 770 9683				
Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS: STREET ADDRESS:				
Division of Corporations Division of Corporations Division of Corporations				
Registration Section Registration Section P.O. Box 6327 Clifton Building				
P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\Boxed{\omega}\$\$ \$130.00 Filing Fee & \$\Boxed{\omega}\$\$\$ \$155.00 Filing Fee & \$\Boxed{\omega}\$\$\$ \$160.00 Filing Fee, Certificates Certified Copy 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. FLYIPG FIG VENT (Name of Foreign Limited Liability Company; must incl	TUNES, LLC	
FLYING PIG UENT: (If name unavailable, enter alternate name adopted for the purpose of transacting b	URES FLORIDA, LLC	
2. JULIANO IS (Jurisdiction under the law of which foreign limited liability company is organized)	3. 47-1 (FEI)	343771 number, if applicable)
4.		
(Date first transacted business in Flori (See sections 605,0904 & 605,0905, F	da, if prior to registration.) .S. to determine penalty liability)	
5. 6723 MAPGO ACES, (Street Address of Principal Office)	6. <u>6723 A</u> (Mailing	Address) S Buna, FC
ST PETENS BUNG FZ	_ST POTEN	SBUMA, FC
33707		33.707
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	·	
Name: MARK LET Office Address: 6723 MAK S7. PETENS BUNG (Cir	100 AUES.	
C - D- SRusc		747
SC. PEROBOTO	, Florida,	(code)
Registered agent's acceptance: Having been named as registered agent and to accept so designated in this application, I hereby accept the appoint to comply with the provisions of all statutes relative to the and accept the obligations of my position as registered of the control of the contr	intment as registered agent and agree to he proper and complete performance of t	act in this capacity. I further agree
1/1/1		
(Ruja	tered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/ar-	
Title or Capacity: Name and Address	-	Name and Address:
MANAGING MEMBER MARK LEUM 6723 MANG 37. PETENSE	<u></u>	
6723 MANG	O AGES.	
	32707	
		· 一
		निव कु 🔾
(Use attachments if necessary)		ORIE S
9. Attached is a certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (If the of the translator must be submitted)	days old, duly authenticated by the official certificate is in a foreign language, a trans	I having custody of records in the slation of the certificate under oath
/	14	
- /	Signature of an authorized person	
10. This document is executed in accordance with section submitted in a document to the Department of State const	605.0203 (1) (b), Florida Statutes. I am a itutes a third degree felony as provided for	ware that any false information in s.817.155, F.S.

Typed or printed name of signee



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FLYING PIG VENTURES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 26, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1715003346 verifiable until 05/30/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE