MA000007375

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400302872684

08/25/17--01023--005 **130.00

17 AUG 25 AM II: 49

P3221

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: CONK SHELL LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:	
Michelle Conklin Name of Person	
CONK Shell LLC Firm/Company	
PO Box 465 Address	
Pinedale, WY 82941 City/State and Zip Code	
Shellconk@gmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michelle Conklin at 307 620-2859 Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301	
Enclosed is a check for the following amount: \$\Boxed{\text{\$\sumsymbol{1}}\$\$ \$125.00 Filing Fee} \text{\$\sumsymbol{\text{\$\sumsymbol{2}}}\$\$ \$130.00 Filing Fee & \$\Boxed{\text{\$\sumsymbol{2}}}\$\$ \$155.00 Filing Fee & \$\Boxed{\text{\$\sumsymbol{2}}\$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy}\$\$	

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Shell (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mass include "Limsted Liability Company," "L.L.C." or "L.L.C." or "L.L.C." 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1366 HENDERSON GREEK DR. LOTZ _. Florida <u>3414</u> 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! 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: ^UName and Address: Title or Capacity: Name and Address: (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) 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. Signature of an authorized person MICHELLE CONKLIN

Typed or printed name of signer

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,

CONK SHELL, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 3, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000667919**.

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 2nd day of August, 2017 at 5:46 AM. This certificate is assigned 023752324.

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.

COVER LETTER

TO:

TO:	Registration Section Division of Corporation	as				
SUBJE	ct: Cont	SHELL LL				
		Name of	Limited Liability Co	ompany		_
The end Existen	closed "Application by Force, and check are submitte	eign Limited Liability Com d to register the above refer	pany for Authorization	on to Transa d liability co	ct Business in Florid mpany to transact bu	a," Certificate of siness in Florida.
Please	return ail correspondence o	concerning this matter to the	following:			
		Michelle	Conklin			
			Shell LL irm/Company	<u>C</u>		_
		PO B	0X 465 Address			
		Pineda	ELE WY State and Zip Code	829	41	_
		Shellconko	@ giMail . C	or notific	ation)	17
For fur	ther information concerning	g this matter, please call:			: 1	17 AUG 25
	Mi chelle Name o	Shellconko Shellconko E-mail address: (to be use g this matter, please call: Conklin f Contact Person	at 307) <u>62</u> Daytim	0-2859 F	A A T
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		(Clifton Build	ling ive Center Circle	AHII:49
Enclose	xd is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\infty \forall 130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filing Certified Copy		\$160.00 Filing Fee, Status & Certified C	

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

COMPANY TO TRANSACT BUS	TION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED ISINESS IN THE STATE OF FLORIDA:	LIABILITY
1. Con K	Shell LLC Limited Liability Company, must include "Limited Liability Company," "LLC.," or "LLC.")	-
	ame adopted for the purpose of transacting business in Florida. The alternate name most include "Limited Liability Company," "L.L.C," or "LL	c. ¬
2. WYOMING (Jurischetten under the law of white	such foreign limited liability company is organized) 3. 47-13A-1273 (FF) number (familiesble)	_
4	7/10/17	
4	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability)	
5. 103 Merrin	nac Trail 6. Po Box 465 (Mashing Address)	
Pinedale		-
82941		-
		-
7. Name and street address	s of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name:	MICHELLE CONKLIN	
Office Address:	1366 HENDERSON CREEK DR. LOTZ	
	Naples , Florida 3414 (City) (City) (Zip code)	
Registered agent's accept	(City) (Zip code)	
Having been named as reg	gistered agent and to accept service of process for the above stated limited limiting commany at the	e place
to comply wan are provisio	tion, I hereby accept the appointment as registered agent and agree to act in this capacity. Figral one of all statutes relative to the proper and complete performance of my duties, and I am familia	her agree ar with
and accept the obligations	s of my position, as registered agent	
-	(Registered agent's signature)	
8 The name title or capac	city and address of the person(s) who has/have authority to manage is/are:	H
Title or Capacity:	Name and Address: Title or Capacity: Name and Address:	., .
Owner	Michael Conklin	•
	PO BOX 465 TINED ALE WY 8291	
Book Vanne	Michelle Conklin	
DOCK RECEIPT	Po Box 465	
	PINEDALE, WY 82941	
(Use attachments if necessa	ary)	
9. Attached is a certificate of invisdiction under the law of	of existence, no more than 90 days old, duly authenticated by the official having custody of records	in the
of the translator must be sub	of which it is organized. (If the certificate is in a foreign language, a translation of the certificate und bmitted)	ler oath
10. This document is execut	ated in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	ion
submitted in a document to t	the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.	1011
_	/// Contie	
	Signature of an authorized person	
-	MICHELLE CONKLIN	
	lyped 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,

CONK SHELL, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 3, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000667919**.

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 2nd day of August, 2017 at 5:46 AM. This certificate is assigned 023752324.

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.