

M1700000 8222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

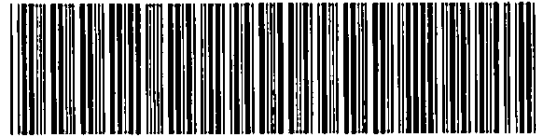
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2017 SEP 25 AM 10:59  
TALAMON, SCOT

SEP 27 2017  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IGWT HUMANITARIAN PROJECTS, 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:

WILLIAM J. McNALLY  
Name of Person

IGWT HUMANITARIAN PROJECTS, LLC  
Firm/Company

2924 LONGLEAT WOODS  
Address

SARASOTA, FL 34235  
City/State and Zip Code

billvest @ COMCAST, NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J. McNALLY at ( 941 ) 915-9030  
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:

☒ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2017

WILLIAM J MCNALLY  
2924 LONGLEAT WOODS  
SARASOTA, FL 34235

SUBJECT: IGWT HUMANITARIAN PROJECTS LLC  
Ref. Number: W17000063109

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2017 SEP 25 PM 1:59

We have received your document for IGWT HUMANITARIAN PROJECTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain: the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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 call (850) 245-6051.

To: Jenna D Harris  
Regulatory Specialist II

Letter Number: 217A00015611

PLEASE FIND ATTACHED THE OFFICIAL  
CERTIFICATION OF GOOD STATUS,  
PROVIDED BY THE SECRETARY OF STATE.

THANK YOU

William J McNally  
www.sunbiz.org

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. IGWT. HUMANITARIAN PROJECTS 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. DELAWARE USA 3. FIN - 82-2020528  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NOT ACTIVE YET  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 2924 Longleaf Woods 6. P.O. Box 50813  
(Street Address of Principal Office) (Mailing Address)  
SARASOTA, FL 34235 SARASOTA, FL 34232

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

Name: William J. McNally  
Office Address: 2924 Longleaf Woods  
SARASOTA Florida 34235  
(City) (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.

William J. McNally  
(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:
<u>MGRM</u>	<u>William J. McNally</u> <u>2924 Longleaf Woods</u> <u>SARASOTA, FL 34235</u>	<u>MGRM</u>	

(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.

William J. McNally  
Signature of an authorized person  
William J. McNally  
Typed or printed name of signer

2017 SEP 25 10:59

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IGWT HUMANITARIAN PROJECTS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IGWT HUMANITARIAN PROJECTS LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2017.



6457686 8300

SR# 20175644358

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203032304

Date: 08-09-17

**State of Delaware**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 898  
DOVER, DELAWARE 19903

8101235

08-09-2017

IGWT HUMANITARIAN PROJECTS LLC  
2924 LONGLEAT WOODS  
SARASOTA, FL 34235

ATTN: WILLIAM J MCNALLY

DESCRIPTION	AMOUNT
6457686 - IGWT HUMANITARIAN PROJECTS LLC Entity Status - Short Form	
Certification Fee	\$50.00
Expedite Fee, 24 Hour	\$40.00
TOTAL CHARGES	\$90.00
TOTAL PAYMENTS	\$90.00
BALANCE	\$0.00