

MI 70000008539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W17-76326

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17 OCT -5 AM 8:49  
CLERK, J. J. ORR

OCT 05 2017

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2017

JANE CARTER  
PO BOX 462  
JACKSON, WY 83001

SUBJECT: GOOD GOODS LLC  
Ref. Number: W17000076326

2017 OCT -4 PM 2:39  
FALL ARIZONA

We have received your document for GOOD GOODS LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

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.

Please return 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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 917A00019344

REGISTRATION SERVICES

2661 EXECUTIVE CENTER CIRCLE  
www.sunbiz.org

32301

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOOD GOODS 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:

JANE CARTER

Name of Person

BELLE COSE

Firm/Company

PO Box 462

Address

JACKSON, WY 83001

City/State and Zip Code

jcg@bellecose.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JANE CARTER

Name of Contact Person

at 307

Area Code

733-8819

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

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

IN COMPLIANCE WITH SECTION 605.0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GOOD GOODS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
2. WYOMING  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")
3. 83-0307427  
(FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0404 & 605.0405, F.S., to determine possible liability)
5. 48 E. BROADWAY  
(Street Address of Principal Office)  
JACKSON, WY  
83001
6. PO Box 462  
(Mailing Address)  
JACKSON, WY  
83001

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

Name: JANE CARTER  
Office Address: 6240 NORTH HIGHWAY A1A  
VERO BEACH, Florida 32963  
(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.

[Signature]  
(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>JANE CARTER</u> <u>PRESIDENT</u>	<u>JANE CARTER</u> <u>PO Box 462</u> <u>JACKSON, WY 83001</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.

[Signature]  
(Signature of an authorized person)  
JANE CARTER  
(Typed or printed name of signer)

17 OCT -5 AM 8:49  
RECEIVED

**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,

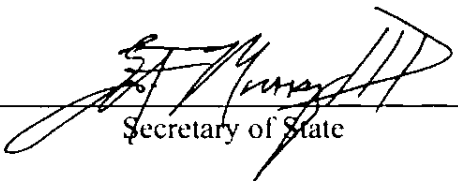
**Good Goods LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 16, 1994**, comply with all applicable requirements of this office. Its period of duration expires 03/16/2024. This entity has been assigned entity identification number **1994-000289475**.

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 3rd day of October, 2017 at 12:11 PM. This certificate is assigned 024305116.



  
Secretary of State