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(Requestor's Name) (Address)	700303575487
(City/State/Zip/Phone #)	09/21/1701014016 **100.00
(Business Entity Name) (Document Number)	10/05/1701026014 **25.00
Certified Copies Certificates of Status	17 (
Special Instructions to Filing Officer:	7 OCT - 5 AN 8: 49 HARRET LERIN,
Office Use Only	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2017

JUSTIN WILSON 2209 E 7TH AVENUE STE C TAMPA, FL 33605

SUBJECT: WILSON INVESTMENT HOLDINGS, LLC Ref. Number: W17000075703

We have received your document for WILSON INVESTMENT HOLDINGS, LLC and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 617A00019186

www.sunbiz.org



## COVER LETTER 1

## TO: Registration Section Division of Corporations

Wilson Investment Holdings, LLC

SUBJECT:

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:

Justin Wilson

Name of Person

Wilson Investment Holdings, LLC

Firm/Company

2209 E. 7th Avenue, Suite C

Address

Tampa, FL 33605

City/State and Zip Code

jjw@wilson-investments.com

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

For further information concerning this matter, please call:

Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
fallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

Enclosed is a check for the following amou \$125.00 Filing Fee \$\$130

25.00 i ning i ce

S130.00 Filing Fee & Certificate of Status □ \$155.00 Filing Fee & Certified Copy S160.00 Filing Fee, Certificate of Status & Certified Copy

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## 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:

ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liability Compar-	ny." "L.L.C," or "LLC
elaware		3. 81-1490768	
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	(FEI number, if applies	ble)
	(Date first transacted business in Florida, if prior to r		
	(See sections 605 0904 & 605,0905, F.S. to determin	ne penalty hability)	
2209 E. 7th Avenue (Street Address of f		6. 2209 E. 7th Avenue (Mailing Address)	
Suite C	mine par Office)	Suite C	
Tampa, FL 33605		Tampa, FL 33605	
Name and street addres	is of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Justin Wilson		
Office Address:	2209 E. 7th Avenue, Suite C		
Office Address:			
gistered agent's accep	Tampa (City) tance:	Florida 33605 (Zap code)	
egistered agent's accep aving been named as re signated in this applica comply with the provisi	Tampa (Cuy) tance: rgistered agent and to accept service of p tion, 1 hereby accept the appointment as	(Zap code) process for the above stated limited liability s registered agent and agree to act in this co and complete performance of my duties, an	apacity. I Jurih nd I am familia
egistered agent's accep aving been named as re signated in this applica comply with the provisi d accept the obligation.	Tampa (Cory) tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Justin J. Wilson	(Zip code) process for the above stated limited liability s registered agent and agree to act in this co and complete performance of my duties, an signature)	apacity. I Jurith and I am familia
egistered agent's accep aving been named as re signated in this applica comply with the provisi ed accept the obligation.	Tampa (Coy) tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Justin J. Wilson	(Zip code) process for the above stated limited liability s registered agent and agree to act in this co and complete performance of my duties, an pignature) s/have authority to manage is/are:	apacity. I Jurith and I am familia
gistered agent's acceptiving been named as resignated in this applicated in this applicated in the provised accept the obligation.	Tampa (City) tance: ogistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Justin J. Wilson	(Zap code) process for the above stated limited liability s registered agent and agree to act in this co and complete performance of my duties, an signature) s/have authority to manage is/are:	apacity. I Jurith nd I am familia
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gistered agent's acception wing been named as resignated in this applicated in this applicated accept the obligation. The name, title or capacity:	Tampa (Cuy) trance: registered agent and to accept service of p tion. I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Justin J. Wilson (Prostered agent's sec acity and address of the person(s) who ha <u>Name and Address:</u> Justin Wilson <u>2209 E. 7th Avenue, Suite C</u>	(Zap code) process for the above stated limited liability s registered agent and agree to act in this co and complete performance of my duties, an signature) s/have authority to manage is/are:	apacity. I Jurith and I am familia

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.



Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILSON INVESTMENT HOLDINGS, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WILSON INVESTMENT HOLDINGS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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Page 1



5912070 8300 SR# 20176198656 You may verify this certificate online at Authentication: 203238611 Date: 09-18-17

You may verify this certificate online at corp.delaware.gov/authver.shtml