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#### **COVER LETTER**

TO:

Registration Section

UBJECT:		Name of	Limited Liability Company			
ne enclosed "Ap kistence, and ch	oplication by For leck are submitte	eign Limited Liability Comp	pany for Authorization to T	ransact Business in Florida," Certific ity company to transact business in Fl		
ease return all o	correspondence c	oncerning this matter to the	following:			
	R.T Boyd					
	Name of Person					
	L & A Marketing Company					
	Firm/Company					
	203 E. 3rd Street #104					
			Address			
	Sanford, FL, 32	771				
r	richard@bdgadv	·	tate and Zip Code			
-		E-mail address: (to be use	d for future annual report n	otitication)		
or further inform	nation concernin	g this matter, please call:				
R.T. Boyd		407 878-4				
	Name o	f Contact Person	at () Area Code Da	aytime Telephone Number		
Division Registra P.O. Bo	NG ADDRESS: to f Corporations tion Section x 6327 (see, FL 32314		Divisio Registra Clifton 2661 E:	T ADDRESS: n of Corporations ation Section Building Recutive Center Circle ssee, FL 32301		
	ck for the follow 00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	S160.00 Filing Fee. Certificate of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Nume of Colergn	pany LLC.	'Limited Liability Company,' "E.L.C.," or "LLC.")	
	Emmed Charmey Company, must metade	inimed matrice Company. There is the company	
Wyoming		ss in Florida. The alternate name must include "Limited Liability Company,"  82-2873141	
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	(Fill number, if applicable)	
	(Date first transacted business in Flonda, if j (See sections 605 0904 & 605 0905, F.S. to		
2232 Dell Range Blvd.		6. 203 E. 3rd Street #104 (Mailing Address)	· ·
Cheyenne, WY, 82009	тистры Олисс)	Sanford, FL. 32771	1
Name and street address	s of Florida registered agent: (P.O	D. Box NOT acceptable)	17
Name:	Glenn Sandler		SICK OCT
Office Address:	3600 N. Wickham Rd. Suite 106		17 OCT-25-PH-2
	Melbourne	, Florida 32935 (Zip code)	PH
	(City)	(Zip code)	
	- Registered	gent's signature)	
	<del>-</del>	who has/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity: Name ar	ıd Address:
Operations Manager	R.T. Boyd 203 E. 3rd. Street #104		
	Sanford, FL. 32771		
	-		1
Use attachments if necess	Sary)		
. Attached is a certificate arisdiction under the law	of existence, no more than 90 days of which it is organized. (If the cert	s old, duly authenticated by the official having custod tificate is in a foreign language, a translation of the co	
arisdiction under the law of the translator must be su 0. This document is exec	of existence, no more than 90 days of which it is organized. (If the cert abmitted)		ertificate under
. Attached is a certificate urisdiction under the law of the translator must be sulf. This document is executed.	of existence, no more than 90 days of which it is organized. (If the certabmitted) uted in accordance with section 605 of the Department of State constitute	tificate is in a foreign language, a translation of the con-	ertificate under
. Attached is a certificate urisdiction under the law of the translator must be sulf. This document is executed.	of existence, no more than 90 days of which it is organized. (If the certabmitted) uted in accordance with section 605 of the Department of State constitute	tificate is in a foreign language, a translation of the con-	ertificate under of
. Attached is a certificate urisdiction under the law of the translator must be sulf. This document is executed.	of existence, no more than 90 days of which it is organized. (If the cert abmitted) uted in accordance with section 605 of the Department of State constitute.	titicate is in a foreign language, a translation of the constitution of the constitution (1) (b), Florida Statutes. I am aware that any facts a third degree felony as provided for in s.817.155. I	ertificate under

## 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,

### L & A Marketing Company, LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **September 21, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000769678**.

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 11th day of October, 2017 at 8:07 AM. This certificate is assigned 024384737.

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.