M1700	0009250
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	900304084229
PICK-UP WAIT MAIL     (Business Entity Name)     (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	10/06/1701012027 **160.00
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October 26, 2017

Ms. Yasemin Y. Sulker, Regulatory Specialist II Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

### RE: Document Number - W17000080040 (Plurax, LLC)

Dear Ms. Sulker:

For your review, I have attached a revised application, which has been properly signed. I would appreciate you updating our initial application request. Thank you in advance for your attention to this important business matter.

Sincerely,

Cerlin E lingas

Cedric E. Wiggins, Sr. Managing Member

Attachment: As Stated

P.S. We used the incorrect post office box on the previous submission, so when or if you receive it, please disregard.

945 West Michigan Avenue, Suite 12-B, Pensacola, FL 32505



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2017

CEDRIC WIGGINS 945 WEST MICHIGAN AVENUE STE 12-B PENSACOLA, FL 32505

SUBJECT: PLURAX, LLC Ref. Number: W17000080040

We have received your document for PLURAX, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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: 217A00020353

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

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

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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:

Plurax, LLC				<u>_</u>
(Name of Foreign I	Limited Liability Company; must include "Li	imited Liability Compai	ny," "L,L,C,," or "LLC,")	
ume unavailable, enter alternate na	ame adopted for the purpose of transacting business i	in Florida. The alternate nar	me must include "Limited Lia	bility Company," "L.L.C." or "L.L.C.")
Virginia		3 75-32	24146	
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)		(FEI numb	er, if applicable)
We have not yet condu	toted business in the State of Florida (Date first transacted business in Florida, if privation of the state	or to registration.)		
	(See sections 605 0904 & 605.0905, F.S. to de	termine penalty liability)	CANE	
945 West Michigan A (Street Address of Pr		6	SAME (Mailing Add	<u> </u>
Suite 12-B	nacipal (Anice)		(withing Aug	
Pensacola, Florida 325	505		<u></u>	
Name and <u>street addres</u> :	s of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptał	ble)	
Name:	Linda Sawyer			
Office Address:	1401 B North B. Street			
	Pensacola		, Florida <u>32501</u>	
	(City)		(Zip cod	c)
aving been named as reg signated in this applicat comply with the provisio	tance: gistered agent and to accept service tion, I hereby accept the appointmer ons of all statutes relative to the pro s of my position as registered agent.	nt as registered ago oper and complete	ent and agree to act	in this capacity. I further a
aving been named as reg signated in this applicat comply with the provision and accept the obligations	gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the pro- s of my position as registered agent. (Registered age	nt as registered ago oper and complete p function of the supervised of the supervise	ent and agree to act performance of my (	in this capacity. I further a duties, and I am familiar w
aving been named as reg signated in this applicat comply with the provisio d accept the obligations	gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the pro- s of my position as registered agent.	nt as registered ago oper and complete p function of the supervised of the supervise	ent and agree to act performance of my y to manage is/are:	in this capacity. I further a duties, and I am familiar w
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Cedric E. Wiggins

Typed or printed name of signee

Commonwealth & Hirginia



# State Corporation Commission

## CERTIFICATE OF FACT

# I Certify the Following from the Records of the Commission:

That Plurax LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is October 31, 2006; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date: October 2, 2017

Peck, Clerk of the Commission

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