# 1417000009729

(Req	uestor's Name)	
(Add	ress)	<u>.</u>
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### COVER LETTER

Registration Section Division of Corporations

TO:

	earus World, LLC		11	·	
		Name of	Limited Liability C	ompany	
The enclosed " Existence, and	Application by Fo check are submitted	reign Limited Liability Comped to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Florida," Certificate of company to transact business in Florida
Please return a	ll correspondence	concerning this matter to the	following:		
	Lee P. McMill	an			
		N	ame of Person		
	-	F	irm/Company		
	507 Nebraska S	St.			
			Address		
	South Houston	, Texas 77587			
		City/S	tate and Zip Code	-	<del>_</del>
	lmemillian@law	officesofleememillian.com			
		E-mail address: (to be use	d for future annual	report not	ification)
For further info	ormation concernir	g this matter, please call:			
Lee N	4eMillian		866 at (	290-544	12
	Name o	of Contact Person	Area Code	Day	time Telephone Number
Divisi Regisi P.O. I	on of Corporation tration Section 30x 6327 hassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
	heck for the follow 25.00 Filing Fee	ring amount:  \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$	S155.00 Filin Certified Copy	g Fee &	■ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limite	ed Liability Company," "E.L.C.," or "LLC	·")
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fic	orida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
State of Wyoming		3. 82-2662811	<del></del>
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI m	umber, if applicable)
November 15, 2017			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) nine penalty liability)	
322 West Minnesota A		6. 322 West Minnesota Ave (Mailing A	ς.
(Street Address of	•		address)
Deland, Florida 32720		Deland, Florida 32720	
Name and street address Name:	ss of Florida registered agent: (P.O. Box William Legard	NOT acceptable)	
Office Address:	322 West Minnesota Ave.		
	Deland	, Florida 32720 (Zip o	· p. sg
Taving been named as re	gisterea agent ana to accept service of ,	process for the above stated time	ea nability company at the plac
lesignated in this applica o comply with the provis	egistered agent and to decept service of parties, it ion, I hereby accept the appointment a ions of all statutes relative to the property of my position as registered agent.	is registered agent and agree to a	ed liability company at the placet in this capacity, I further as y duties, and I am familiar wit
lesignated in this applica o comply with the provis	ition, I hereby accept the appointment a ions of all statutes relative to the proper	is registered agent and agree to a r and complete performance of m	ct in this capacity, I further as y duties, and I am familiar wit
lesignated in this applica o comply with the provisi and accept the obligation	ition, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.	is registered agent and agree to a rand complete performance of m	ct in this capacity, I further as y duties, and I am familiar wit
lesignated in this applica o comply with the provis- and accept the obligation 8. The name, title or capa	acity and address of the person(s) who have a Mame and Address:  William Legard  West Minnesota Ave.	is registered agent and agree to a r and complete performance of m signature)	ct in this capacity, I further as y duties, and I am familiar wit
designated in this applicate comply with the provisional accept the obligation.  8. The name, title or capacity:	ation, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.  (Registered agents acity and address of the person(s) who ha Name and Address:  William Legard	is registered agent and agree to a r and complete performance of m signature)	ct in this capacity, I further as y duties, and I am familiar wit
lesignated in this applicate or comply with the provisional accept the obligation.  8. The name, title or capa Title or Capacity:	acity and address of the person(s) who have a Mame and Address:  William Legard  West Minnesota Ave.	is registered agent and agree to a r and complete performance of m signature)	ct in this capacity, I further as y duties, and I am familiar wit
lesignated in this applicate or comply with the provisional accept the obligation.  8. The name, title or capa Title or Capacity:	acity and address of the person(s) who has Name and Address:  William Legard  322 West Minnesota Ave.  Deland, Florida 32720	is registered agent and agree to a r and complete performance of m signature)	ct in this capacity, I further as y duties, and I am familiar wit

Lee P. McMillian

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

## 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,

#### Icarus World, LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 30, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000767075**.

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 25th day of October, 2017 at 2:08 PM. This certificate is assigned 024498840.

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.