12/21/2017

### M17000010836 Division of Corporations

#### Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover-sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000334743 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

Foreign Limited Liability Company Walsh Holding Company LLC Certificate of Status Certified Copy Page Count Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

0 03

\$125.00



#### 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 TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alt .iability Company," "L.L.C,"	ternate name adopted for the purpose 'or "LLC.")	of transacting busines	s in Florida. The alternate name	e must inch	ade "Li	mited
Wyoming	,	3. N/A	<b>5.4</b> 3.51			
(Jurisdiction under the law company is organized)	of which foreign limited hability	J	(FEI number, if applicable)			_
N/A	(Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, if prior to 905, F.S. to determine	registration.) e penalty liability)			
420 Shoal River Drive	e, Crestview, FL 32539					
	(Street Address of Pi	incipal Office)		<del>:</del> !		
420 Shoal River Drive, Crestview, FL 32539				17		
,				2-1	8	
	(Mailing A	ddress)			Ö.	-1.1
	_			11.1 14.7 1.	2	
Name and street addres	ss of Florida registered agent: (P.C	D. Box <u>NOT</u> accept	able)	<u>.</u>	<b>&gt;</b>	
Name:	Northwest Registered Agent,	LLC.	_		Ö	
Office Address:	3030 N. Rocky Point Dr.	STE 150A	_		03	
	Tampa		_ , Florida <u>33607</u>	-		
	(City)		(Zip code)			
tegistered agent's accep	tance:					
laving been named as re esignated in this applica o complywith the provision	nance: egistered agent and to accept servition, I hereby accept the appointments of all statutes relative to the pany position as registered agent.	nent as registered woroper and complete Glove	igent and agree to act in this e performance of my duties,	s capacity.	. I fur	ther u
laving been named as re esignated in this applica o complywith the provision	nance: egistered agent and to accept servition, I hereby accept the appointments of all statutes relative to the pany position as registered agent.	nent as registered a	igent and agree to act in this e performance of my duties,	s capacity.	. I fur	ther u
Javing been named as re esignated in this applica o complywith the provisio eccept the obligations of t	nance: egistered agent and to accept servition, I hereby accept the appointments of all statutes relative to the pany position as registered agent.	ment as registered a proper and complete Glove red agent's signature)	igent and agree to act in this performance of my duties,	s capacity.	. I fur	ther u
Having been named as re esignated in this applica o complywith the provisio eccept the obligations of the S. The name, title or capa	nance: egistered agent and to accept servition, I hereby accept the appointments of all statutes relative to the property position as registered agent.  (Register	ment as registered a proper and complete Glove red agent's signature) who has/have autho	igent and agree to act in this e performance of my duties, rity to manage is/are:	s capacity, , und I am -	. I fur	ther u
Having been named as re designated in this applica o complywith the provision accept the obligations of the S. The name, title or caps	stance: registered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the party position as registered agent.  (Registeracity and address of the person(s)	ment as registered a proper and complete Glove red agent's signature) who has/have autho	igent and agree to act in this e performance of my duties, rity to manage is/are:	s capacity, , und I am -	. I fur	ther u
Having been named as re designated in this applica o complywith the provision accept the obligations of the S. The name, title or caps	stance: registered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the party position as registered agent.  (Registeracity and address of the person(s)	ment as registered a proper and complete Glove red agent's signature) who has/have autho	igent and agree to act in this e performance of my duties, rity to manage is/are:	s capacity, , und I am -	. I fur	ther u
Having been named as re esignated in this applica o complywith the provisio eccept the obligations of the S. The name, title or capa	stance: registered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the party position as registered agent.  (Registeracity and address of the person(s)	ment as registered a proper and complete Glove red agent's signature) who has/have autho	igent and agree to act in this e performance of my duties, rity to manage is/are:	s capacity, , und I am -	. I fur	ther u
Having been named as re- lesignated in this applica- o complywith the provision of the obligations of the obligations of the same, title or capa Rose Garcia, Mana O. Attached is a certificate urisdiction under the law	egistered agent and to accept servition, I hereby accept the appointments of all statutes relative to the party position as registered agent.  (Registered and address of the person(s) ger, 2020 Carey Avenue, of which it is organized. (If the combinited)	ment as registered a proper and complete for a gent's signature) who has/have autho Ste 700, Chey as old, duly authentirtificate is in a foreign.	rity to manage is/are: enne, WY 82002-002 cated by the official having on language, a translation of	20 custody of	. I fur i famili	ther uj iar wit
designated in this applicate complywith the provision accept the obligations of the second se	egistered agent and to accept servition, I hereby accept the appointments of all statutes relative to the party position as registered agent.  (Registered and address of the person(s) ger, 2020 Carey Avenue, of which it is organized. (If the combinited)	ment as registered a proper and complete for a gent's signature) who has/have autho Ste 700, Chey as old, duly authentirtificate is in a foreign.	rity to manage is/are: enne, WY 82002-002	20 custody of	. I fur i famili	ther uj iar wit

Typed or printed name of signed

Morgan Noble

## 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,

# Walsh Holding Company LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 9, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000775638**.

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 21st day of December, 2017 at 10:30 AM. This certificate is assigned 025016821.

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.