# MECOUCHS

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2017

RHONDA SOURBEER 1731 CHATHAM VILLAGE DR FLEMING ISLAND, FL 32003

SUBJECT: YOUR CHOICE PURCHASES LLC

Ref. Number: W17000099815

We have received your document for YOUR CHOICE PURCHASES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

lf you have any questions concerning the filing of your document, please ଶୋ (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 517A00025594

RECEIVED

JAN - 5 2018

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

	SINESS IN THE STATE OF FLORIDA:	POLLOWING IS SUBMITTED TO REG	STEKA POKEIGN <u>IJMINED IJABILI</u>
1. Your Choice (Name of Foreign	Ce Purchases LLC Limited Liability Company; mast include "Lim	ited Liability Company," "L.L.C.," or "LLC	.")
(If name unavailable, enter alternate m	ume adopted for the purpose of transacting business in l	Florida. The alternate name must include "Limited	Lightlity Company, " "L.L.C." or "LLC.")
a Casmal	W Y sich füreign limited tiability company is organized)	3. <u>92-3592</u>	
4. <u>NA</u>	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter		
1701 AL 4	.11	mine penalty liability)	Man - 1 Man Dic
5. Street Audress of P	nam Village Dr.	6. 101 CM	11/21/ 11/1002 Ur 15/01/ 15/ 32003
Fleming Is	sland, FL32033	Teming	slam, F1 32008
7. Name and street address	s of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
Name:	Rhonda Sourbeer		
Office Address:	1731 Chatham Village	e Dr.	
	Fleming Island		3
designated in this applicat to comply with the provision		f process for the above stated limit as registered agent and agree to a er and complete performance of m	ed liability company at the place ct in this capacity. I further agree
8. The name, title or capa Title or Capacity:	city and address of the person(s) who l	has/have authority to manage is/are Title or Capacity:	Name and Address:
Cwner	Rhonda Sourbee 1731 Chatham Village Fleming Dl., FC3200:	<u> </u>	ELLAHASSEE
(Use attachments if necess	ary)	_	DRIE E
9. Attached is a certificate of jurisdiction under the law of the translator must be sufficient to the sufficient of the translator must be sufficient to the sufficient of the suffine sufficient of the sufficient of the sufficient of the sufficie	of existence, no more than 90 days old f which it is organized. (If the certifical bmitted)	, duly authenticated by the official late is in a foreign language, a transle	having custody of records in the
10. This document is execusubmitted in a document to	ted in accordance with section 605.020 the Department of State constitutes a the Department of State constitutes at Signature	13 (1) (b), Florida Statutes. I am aw hird degree felony as provided for in YIMPL e of an authorized person	are that any false information as 817.155, F.S.
	Mhonda	Dour beer printed name of signee	_ <del></del>

## 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,

### YOUR CHOICE PURCHASES LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 5, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000778977**.

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 3rd day of January, 2018 at 9:12 AM. This certificate is assigned 025096627.

Secretary of State

FILED
2018 JAN -5 P 1: 35

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.