1/23/2018

Division of Corporations



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.

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To:			-
	Division of Co	rporations	-
	Fax Number	: (858)617-6383	
From:			•
	Account Name	: LEGALZOOM.COM INC.	•
	Account Number	: 120010000062	
	Phone	: (323)962-8600	A
	Fax Number	: (323)962-3889	
		s for this business entity to be ings. Enter only one email addres	

Foreign Limited Liability Company WILSON & WILSON CONSULTING LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$155.00

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COVER LETTER

SUBJECT:	Name of Limited L	inhility Company	·			
The males of Physical and as he Magaine Finds		. ,	on to Transact Business in Florida," Certificate of			
Existence, and check are submitted to regist	er the above reference	ed foreign limite	d liability company to transact business in Florida.			
Please return all correspondence concerning	this matter to the fol	lowing:				
	Cheyer	ne Moseley				
	Name	of Person				
	Legalzoo	om.com, Inc.				
						
101 N Brand Blvd 11th Floor						
Address						
	Glendale	e, CA 91203				
	City/State	and Zip Code				
	frankrwilson@d					
	address: (to be used fo	r future ammal rer	ort notification)			
For further information concerning this matt	er, please call:	ü				
Cheyenne Moseley	ş	800 ut(773-0888 ext9724			
Name of Contact I		Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division o Registratio Clifton Bu 2661 Exec		ele			
Enclosed is a check for the following \$\Boxed{1} \ \\$125.00 \ \text{Filing Fee} \Boxed{1} \ \\$130.	2661 Exec Taffahasse 3 amount:	utive Center Circ	Fee & □ \$160.00 Filing Fee, Certificate			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. WILSON & WILSON CONSULTING LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C." (If name mayailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 01/01/2018 (Dute thist transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1681 SW Jamesport Drive Port St Lucie, FL 34953 (Street Address of Principal Office) 1681 SW Jamesport Drive Port St Lucie, FL 34953 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United States Corporation Agents, Inc. Name: 13302 Winding Oak Court Suite A Office Address: Tumpa (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the applintment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative of the proper and complete performance of my duties, and I am familiar with and Cheyenne Moseley, Assistant Secretary on behalf of United States Corporation Agents, Inc. accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or enpacity and address of the person(s) who has/have authority to manage is/are: Frank Wilson, Member - 1681 SW Jamesport Dr Port St Lucie FL 34953 Mary Ann Wilson, Member - 1681 SW Jamesport Dr Port St Lucie FL 34953 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted) Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Typed or printed name of signee

Frank Wilson

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WILSON & WILSON CONSULTING LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WILSON & WILSON CONSULTING LLC" WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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SR# 20177781820

You may verify this certificate online at corp.delaware.gov/authver.shtml

AND THE BANK SALVERY OF BANK

Authentication: 203834614

Date: 12-27-17