

M18000000973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

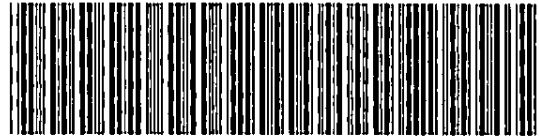
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13/20/17--01012--007 **180.00

FILED
18 JAN 26 PM 12:56
TALLAHASSEE FLORIDA

J. LEGGETT
JAN 29 2018

17000100527



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2017

RICHARD POSKA
1082 EISENHOWER DRIVE
NOKOMIS, FL 34275 US

SUBJECT: FLEXO LLC
Ref. Number: W17000100527

We have received your document for FLEXO 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):

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 the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 117A00025850

RECEIVED
JAN 29 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Flexo LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Richard Poska

Name of Person

Flexo LLC

Firm/Company

1082 Eisenhower Drive

Address

Nokomis, Florida 34275

City/State and Zip Code

flexolc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Poska	970	699-8998
_____ Name of Contact Person	at (_____) Area Code	_____ Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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:

1. Flexo LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Flexo Pharmaceutical Services Consulting LLC
(If name unavailable, 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. Colorado 3. 81-1532729
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. March 15 2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1082 Eisenhower Drive 6. 1082 Eisenhower Drive
(Street Address of Principal Office) (Mailing Address)
Nokomis, FL 34275 Nokomis, FL 34275


7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Richard Poska

Office Address: 1082 Eisenhower Drive
Nokomis, Florida 34275
(City) (Zip code)

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 appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 12/17/17
(Registered agent's signature)

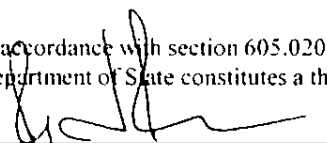
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner</u>	<u>Richard Poska</u> <u>1082 Eisenhower Drive</u> <u>Nokomis, FL 34275</u>		

(Use attachments if necessary)

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 oath of the translator must be submitted)

10. 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 s.817.155, F.S.

 12/17/17
Signature of an authorized person

Richard Poska

Typed or printed name of signer

FILED
18 JAN 26 PM 12:18
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

Flexo LLC

is an entity formed or registered under the law of Florida . has complied with all
applicable requirements of this office, and is in good standing with this office. This entity has
been assigned entity identification number 20161119599 .

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 01/08/2018 that have been posted, and by documents delivered to this office
electronically through 01/10/2018 @ 11:38:04 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this
official certificate at Denver, Colorado on 01/10/2018 @ 11:38:04 in accordance with applicable law.
This certificate is assigned Confirmation Number 10648552 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"