M18000001614

(Requ	estor's Name)				
(Addre	ess)				
(Addre	ecc)				
(Addit	533)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Busin	ness Entity Nar	ne)			
(Docu	ıment Number)				
Cartified Conjes	Cortificates	e of Status			
Certified Copies Certificates of Status					
Special Instructions to Fil	ing Officer:				
L					

Office Use Only



000308953380

02/12/18--01027--026 **130.00

18 FEB 12 PM 1: 58

B FIGUEROA FEB 15 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CHANNEL FAST, COM, 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:
MR_FLOYD BUCK Name of Person
CHANNELFAST, COM, 1.LC.
4440 PGA BLVD. STE 600 Address
PALM BEACH GARDENS FL 33410 City/State and Zip Code
CHANNEL FASTSALES CHAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FLOYD BUCK at (615) 955-3900 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: □ \$125.00 Filing Fee \$ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy □ \$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 COMPANY TO TRANSACT BUSINE	N 605.0902, FLORIDA STATUTES, THE SSS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO F	REGISTER A FOREIGN LIMITED I	LARILITY
1. CITANNA (Name of Foreign Limit	ted Liability Company; must include "Li	LLC. d Liability Company, "LLC.," or	'LLC.")	
(If name unavailable, enter alternate name as	dopted for the purpose of transacting business in I	Florida. The alternate name must include "Lie	nited Liability Company," "L.L.C," or "LLC	.")
	WVCM/NG oreign limited liability company is organized)		221292 FEI mumber, if applicable)	
4. NONE YE	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605.0905, F.S. to deter	to registration.) more peralty hability)		
5. 4440 PGA (Street Address of Princip PALM BEACH	BLUD, STE 600 GARDENS, FL 339	6SAME_(Mail	ling Address)	
7. Name and street address of	Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)		
Name:	CEGISTERED AGE	NTS , INC		
	BOBO N. ROCKY P			
	TAMPA (Ciry)	, Florida <u>3</u> .5	3607	
designated in this application, to comply with the provisions	rred agent and to accept service of I hereby accept the appointment of all statutes relative to the property position as registered agent.	as registered agent and agree	to act in this capacity. I furth	er agree
	(Registered agent	s signature)		NSEC 1316
8. The name, title or capacity <u>Title or Capacity:</u>	and address of the person(s) who hame and Address:	nas/have authority to manage is Title or Capacity:	/are: Name and Addres?	RETARN PROF G
PRESIDENT/	FLOYD BUCK			300
OWNER	FLOYD BUCK 4440 PGA BLVD, S CAIM BEACH GARD	TE 600 EAS FL 33410		70
	CHAL MANA SHEAL	20,12 33 410.	U)	3,000
			-	
(Use attachments if necessary)		_		
	xistence, no more than 90 days old hich it is organized. (If the certifica tted)			
	in accordance with section 605.020 Department of State constitutes at			on
	Signatur	re of an euthorized person		
	Flore	Beck.		
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	h manual or arthress		

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,

ChannelFast.com LLC

is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 30, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000786953**.

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 6th day of February, 2018 at 9:21 AM. This certificate is assigned 025440829.

yeeretary or flate

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.