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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Seahorse, 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:

Todd Wiles  
Name of Person

Seahorse, LLC  
Firm/Company

333 West Boulevard, Suite 305  
Address

Rego City, SD 57701  
City/State and Zip Code

wiles@northpointtrust.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Wiles at ( 605 ) 718-5722  
Name of Contact Person 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:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Seahorse, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

Seahorse I, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. South Dakota 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to organization.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 333 West Boulevard, Suite 305 6. 333 West Boulevard, Suite 305  
(Street Address of Principal Office) (Mailing Address)  
Rapid City, SD 57701 Rapid City, SD 57701

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

Name: Emanuel Sapp

Office Address: 821 2nd Street

Quincy, Florida 32351  
(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.

[Signature]  
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Manager</u>	<u>Todd Wiles</u> <u>333 West Boulevard, Suite 305</u> <u>Rapid City, SD 57701</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.

Todd Wiles  
Signature of an authorized person

Todd Wiles  
Typed or printed name of signer

# State of South Dakota

Office of the Secretary of State

## Certificate of Good Standing

Domestic Limited Liability Company

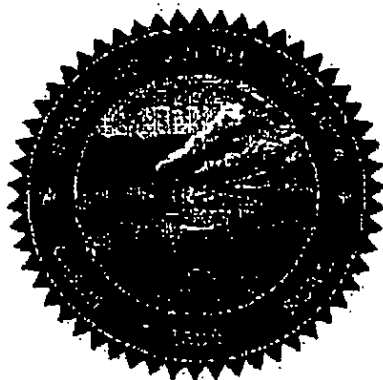
I, **Shantel Krebs**, Secretary of State of the State of South Dakota, hereby certify that

**Seahorse LLC**

Business ID: DL130581

was authorized to transact business in this state on: February 10, 2017.

I, further certify that **Seahorse LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, February 13, 2018.

*Shantel Krebs*

**Shantel Krebs**  
Secretary of State

02/13/2018 11:38 AM

Verification #: 010364426