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## **COVER LETTER**

Registration Section

TO:

Div	ision of Corporation	ns						
SUBJECT:	IDEAS THAT WO	RK LIMITED LIABILITY (						
		Name of	Limited Liability (	Company				
		reign Limited Liability Comp ed to register the above refere						
Please return	all correspondence	concerning this matter to the	following:					
	Joseph A. Aller	man						
	***************************************	N	ame of Person					
	IDEAS THAT	WORK LIMITED LIABILI	TY COMPANY					
	Firm/Company							
	3330 Sunrise T	rail						
			Address		<u> </u>			
	Port Charlotte,	FL 33952						
		City/Si	tate and Zip Code					
	allemanj@ideast	hatwork.biz						
		E-mail address: (to be used	for future annual	report not	ification)			
For further in	nformation concernin	g this matter, please call:						
Jose	eph A. Alleman		618 at (	567-398	32			
	Name o	of Contact Person	Area Code	Day	time Telephone Number			
Divi Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301			
	check for the follow 125.00 Filing Fee	ring amount:  \$\Bigcup\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer 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:

name unavailable, enter alternate i	name adopted for the purpose of transacting bus	siness in Florida. The alterna	ate name must include "Limited Li	iability Company," "l	L.C," or "LLC.")
Delaware		2			
	hich foreign limited liability company is organi		(FEI num	nber, if applicable)	<del></del>
	(Date first transacted business in Florida	if prior to registration	<del></del>	<del></del>	
	(See sections 605.0904 & 605.0905, F.S.	S. to determine penalty liabil			
3330 Sunrise Trail, Po		6. <u>33</u>	30 Sunrise Trail, Port C	Charlotte, FL 33	3952
(Street Address of	Principal Office)		(Mailing Ad	ldress)	
				**	
<del> </del>		<del></del>		<b>51.4</b>	22
				## ## ###	<u> </u>
Name and street address	ss of Florida registered agent: (P	O. Box NOT acce	eptable)		
Name:	Joseph A. Alleman				سعع. ا
rame.				rest to	- 3
Office Address:	3330 Sunrise Trail		<u> </u>		- R
	Port Charlotte		, Florida 33952	£2.4	, 🚧
	(City)		, Florida Zip co		<del>(</del> ii
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aving been named as re signated in this applica comply with the provis	tance: ligistered agent and to accept ser tion, I hereby accept the appoin ions of all statutes relative to the s of my position as registered as	rvice of process for atment as registered e proper and comp gent.	the above stated limited dagent and agree to acc	d liability com t in this capaci	ity. I further
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Typed or printed name of signee

Delaware Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "IDEAS THAT WORK LIMITED LIABILITY

COMPANY" 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 FIFTEENTH DAY OF FEBRUARY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IDEAS THAT WORK LIMITED LIABILITY COMPANY" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2010.

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

Authentication: 202160438

Date: 02-15-18