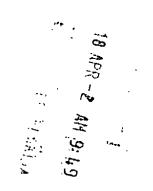
# M18000003155

|                     | (Requestor's Name)       |
|---------------------|--------------------------|
|                     | (Address)                |
|                     | (Address)                |
|                     | (City/State/Zip/Phone #) |
| PICK-               | JP WAIT MAIL             |
|                     | (Business Entity Name)   |
|                     | (Document Number)        |
| Certified Copies    | Certificates of Status   |
| Special Instruction | ns to Filing Officer:    |
|                     |                          |
| ·                   |                          |
|                     |                          |
|                     | Office Use Only          |



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#### COVER LETTER

| TO: Registration Section Division of Corporations  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| SUBJECT: DREW BIRD, LLC  |   |  |  |  |  |  |  |
| SUBJECT: CITE OF STATE OF STAT | ne of Limited Liability Company   |  |  |  |  |  |  |
| Existence, and check are submitted to register the above   | Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida |  |  |  |  |  |  |
| Please return all correspondence concerning this matter  | to the following:   |  |  |  |  |  |  |
| Melissa S. Jones   |   |  |  |  |  |  |  |
|  | Name of Person  |  |  |  |  |  |  |
| DREW BIRD, LLC   |   |  |  |  |  |  |  |
| Firm/Company   |   |  |  |  |  |  |  |
| 9135 San Carlos Blvd   |   |  |  |  |  |  |  |
|  | Address   |  |  |  |  |  |  |
| Ft. Meyers, FL 33967   |   |  |  |  |  |  |  |
|  | City/State and Zip Code   |  |  |  |  |  |  |
| melissasjones84@gmail.com  |   |  |  |  |  |  |  |
| E-mail address: (to  | be used for future annual report notification)  |  |  |  |  |  |  |
| For further information concerning this matter, please c   | all:  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Melissa S. Jones Name of Contact Person  | at ( 941 ) 544-1487  Area Code Daytime Telephone Number   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| MAILING ADDRESS: Division of Corporations  | STREET ADDRESS: Division of Corporations  |  |  |  |  |  |  |
| Registration Section   | Registration Section  |  |  |  |  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314   | Clitton Building<br>2661 Executive Center Circle<br>Tallahassee, F4, 32301  |  |  |  |  |  |  |
| Enclosed is a check for the following amount:  ☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fe Certificate of Status  |   |  |  |  |  |  |  |

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

' IN COMPLIANCE WITH SECTION 605.0x02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| COMPANY TO THAN AND CEDOS  | and an area.                                       | Statt. Of Thomba.  |                         |  |                                |                                 |
|--|--|--|-------------------------|--|--------------------------------|---------------------------------|
| I. DREW BIRD, LLC  | 1777, 1111   | '''' '' ''''''''''''''''''''''''''''''   |                         | Liability Company,""L.L.C.," c   |                                |                                 |
| (Name of Foreig  | gn Limited Liab                                    | othry Company; must include  | Timited                 | Liability Company, L.I.C., C   | or i.i.C. )                    |                                 |
| If name unavailable, enter alto<br>liability Company," "L.L.C,"  | rnate name ade                                     | opted for the purpose of transa  | acting busi             | ness in Florida. The alternate na  | ime must inch                  | ude "Limited                    |
| Wyoming (Jurisdiction under the law o company is organized)  | f which foreign                                    | 3  |                         | (FEI number, if applicable   | <u>e)</u>                      |                                 |
| 1.   | (Date tii<br>(See sectio                           | st transacted business in Flor<br>ns 605,0904 & 605,0905, F.S                                | ida, if prio            | r to registration.)<br>nine penalty liability)   | _                              |                                 |
| <sub>5.</sub> 9135 San Carlos Blvd   |  |  |                         |  |                                |                                 |
| Ft. Meyers, FL 339   | 967  | (Street Address of Principal )   | (10ica)                 |  | _                              |                                 |
| <sub>6.</sub> 9135 San Carlos B  |  | (Street Address of Frincipal)  |                         |  | _                              |                                 |
| Ft. Meyers, FL 33967   |  |  |                         |  | <del></del>                    |                                 |
|  |  | (Mailing Address)  |                         |  |                                |                                 |
| <ol><li>Name and <u>street address</u></li></ol>   | of Florida reg                                     | gistered agent: (P.O. Box  | NOT acc                 | eptable)   |                                |                                 |
| Name:  | Registere  | d Agents Inc.  |                         |  | -                              |                                 |
| Office Address:  | 3030 N. R  | ocky Point Dr. STE   | 150A                    |  |                                | 18 APR                          |
|  | Tampa  |  |                         | , Florida <u>33607</u> (Zip code)  |                                | 10<br>20                        |
|  |  | (City)   |                         | (Zip code)   | ~ <b>.</b>                     | L/P                             |
| designated in this applicati   | istered agent<br>on, I hereby a<br>us of all statu | accept the appointment as<br>tes relative to the proper o<br>registered agent.               | registere<br>ind comp   | the above stated limited lia<br>ad agent and agree to act in l<br>lete performance of my duti<br>ne) | this capucity                  | . I fürther agree               |
|  |  | (Registered ager   | n's signati             | ne)  |                                |                                 |
| 8. The name, title or capac  | rity and addre                                     | ss of the person(s) who has  | s/have au               | thority to manage is/are:  |                                |                                 |
| Melissa S. Jones, M  | anager   | 9135 San Carlos E  | 3lvd F                  | t. Meyers, FL 33967  |                                |                                 |
| David C. Adamson,  | Manager  | 9135 San Carlos E  | 3lvd F                  | t. Meyers, FL 33967  |                                |                                 |
|  |  |  |                         | <del></del>  |                                |                                 |
| <ol> <li>Attached is a certificate of jurisdiction under the law of the translator must be su</li> </ol> | f which it is o<br>bmitted)                        | no more than 90 days old, or<br>organized. (If the certificate<br>Market Signature of an aut | ris in a to             | enticated by the official havir<br>oreign language, a translation                                    | ig custody of<br>of the certif | records in the least under oath |
|  |  | Signature of an aut  | horized po              | rson   |                                |                                 |
| This document is executed submitted in a document to   | in accordance<br>the Departme                      | with section 605,0203 (1) nt of State constitutes a thi                                      | (b), Flori<br>rd degree | da Statutes. I am aware that a felony as provided for in 8.8   | my false into<br>17,155, F.S.  | ormation                        |

Typed or printed name of signee

Melissa S. Jones

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### DREW BIRD, LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **February 8, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000788545**.

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 8th day of March, 2018 at 9:43 AM. This certificate is assigned 025779939.



Secretary of State

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.