# M18000003168

(Requestor's Name)
(Address)
(Address)
( identity)
(6) (0) (7) (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooding)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700311191527

. 04/03/18--01004--016 \*\*130.00

RECEIVED

APR 0 2 2018

SEGRETARY OF STATE

#### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

CHIDIPAT.	Thomas Matison LLC		
SUBJECT:	Name of	Limited Liability Compa	uny
	d "Application by Foreign Limited Liability Corn and check are submitted to register the above refer		
Please return	all correspondence concerning this matter to the	e following:	
	Thomas Dyman		
		Name of Person	
	Thomas Matison LLC		1
		irm/Company	
	5568 Woodbine Dr #93		
	<del></del>	Address	
	Pace, Florida 32571		
	City/S	State and Zip Code	1
	thomastmadisonlle@gmail.com		
	E-mail address: (to be use	ed for future annual repor	t notification)
For further in	nformation concerning this matter, please call:		
Tho	omas Dyman	406 941	  -3123 
*****	Name of Contact Person	_ \	Daytime Telephone Number
Div Reg P.O	ision of Corporations pistration Section Box 6327 lahassee, FL 32314	Divis Regis Clifto 2661	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle thassee, FL 32301
	a check for the following amount: 125.00 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

,	Limited Liability Company; must include "Limite	d Liability Comp	any," "l‡L.C.,	" or "LLC.")		
If name unavailable, enter alternate m	sine adopted for the purpose of transacting business in Flo	erida. The alternate r	name must include	"Limited Liabs	lity Company," "L.L.C.	" or "LLC.")
New Mexico		3 82-4	844538			
(Jurisdiction under the law of wh	sich foreign limited hability company is organized)	<u></u>		(FEI number	r, if applicable)	·
No work started as of y	vet .		,			
7	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ		<del></del>			
5 5568 Woodbine #93		Same				
Street Address of	rincipal Office)	6. <u>Sant</u>	·!	(Mailing Addre	15)	<del></del>
Pace FL 32571					·	
					<u> </u>	9 <u>01</u>
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT accept	able)		2 2 2	<b>&gt;</b>
Name:	Registered Agents Inc.					100
ranic.			-		355 144 7_	ر <b>۲</b> ۰۰۰
Office Address:	3030 N Rocky Point Dr. STE	150A	-		10. H	» [j.
	Tampa		, Florida	33607	(- C)	· · · · · ·
Registered agent's accep	(City)			(Zip code)		_
-	s of my position as registered agent.					
	Bell House (Registered agent's	signature)				
8. The name, title or capa Title or Capacity:	Bel Home	is/have author	-	ge is/are:	Name and Ad	d ress:
Title or Capacity:	(Registered agent's	is/have author	ity to manag	ge is/are:	Name and Ad	<u>d ress:</u>
	(Registered agent's acity and address of the person(s) who have and Address:	is/have author	-	ge is/are: 	Name and Ad	dress:
Title or Capacity:	(Registered agent's acity and address of the person(s) who has Name and Address:  Owner	is/have author	-	ge is/are: 	Name and Ad	dress:
Title or Capacity:	(Registered agent's acity and address of the person(s) who has Name and Address:  Owner  5568 Woodbine #93	is/have author	-	ge is/are: 	Name and Ad	dress:
Title or Capacity:	(Registered agent's acity and address of the person(s) who has Name and Address:  Owner  5568 Woodbine #93	is/have author	-	ge is/are: 	Name and Ad	dress:
Title or Capacity:	(Registered agent's acity and address of the person(s) who has Name and Address:  Owner  5568 Woodbine #93	is/have author	-	ge is/are: 	Name and Ad	dress:
Title or Capacity: Thomas Dyman	Registered agent's acity and address of the person(s) who has Name and Address:  Owner  5568 Woodbine #93 Pace FL 32571	is/have author	-	ge is/are: 	Name and Ad	dress:
Title or Capacity: Thomas Dyman  (Use attachments if necess	Registered agent's acity and address of the person(s) who has Name and Address:  Owner  5568 Woodbine #93 Pace FL 32571	as/have author Title or	Capacity:			
Title or Capacity: Thomas Dyman  (Use attachments if necess). Attached is a certificate	(Regustered agent's acity and address of the person(s) who has Name and Address:  Owner  5568 Woodbine #93 Pace FL 32571	as/have author Title or	Capacity:	  official hav	ing custody of re	ecords in the
Title or Capacity: Thomas Dyman  (Use attachments if necess  D. Attached is a certificate urisdiction under the law of th	Registered agent's acity and address of the person(s) who has a Name and Address:  Owner  5568 Woodbine #93  Pace FL 32571  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificat	as/have author Title or	Capacity:	  official hav	ing custody of re	ecords in the
Title or Capacity: Thomas Dyman  (Use attachments if necess ). Attached is a certificate jurisdiction under the law of the translator must be su	Registered agent's acity and address of the person(s) who has a Name and Address:  Owner  5568 Woodbine #93  Pace FL 32571  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	duly authentice is in a foreign	cated by the	official hav a translatio	ing custody of ron of the certification	ecords in the
Title or Capacity: Thomas Dyman  (Use attachments if necess ). Attached is a certificate urisdiction under the law of the translator must be su  10. This document is executed.	Registered agent's acity and address of the person(s) who has a Name and Address:  Owner  5568 Woodbine #93  Pace FL 32571  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificat	duly authentice is in a foreig	cated by the gn language, da Statutes.	official hav a translatio	ing custody of ron of the certification that any false in	ecords in the
Title or Capacity: Thomas Dyman  (Use attachments if necess ). Attached is a certificate urisdiction under the law of the translator must be su  10. This document is executed.	Registered agent's acity and address of the person(s) who has a Name and Address:  Owner  5568 Woodbine #93 Pace FL 32571  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0202	duly authentice is in a foreig	cated by the gn language, da Statutes.	official hav a translatio	ing custody of ron of the certification that any false in	ecords in the
Title or Capacity: Thomas Dyman  (Use attachments if necess)  O. Attached is a certificate urisdiction under the law of the translator must be suited. This document is executed.	Registered agent's acity and address of the person(s) who have and Address:  Owner  5568 Woodbine #93  Pace FL 32571  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  atted in accordance with section 605.0202 the Department of State constitutes a the section of the constitutes at the section of the section of the person of	duly authentice is in a foreig	cated by the gn language, da Statutes.	official hav a translatio	ing custody of ron of the certification that any false in	ecords in the
Title or Capacity: Thomas Dyman  (Use attachments if necess  2. Attached is a certificate jurisdiction under the law of the translator must be su  10. This document is executed.	Registered agent's acity and address of the person(s) who have and Address:  Owner  5568 Woodbine #93  Pace FL 32571  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  atted in accordance with section 605.0202 the Department of State constitutes a the section of the constitutes at the section of the section of the person of	duly authentice is in a foreign as (1) (b), Flori	cated by the gn language, da Statutes.	official hav a translatio	ing custody of ron of the certification that any false in	ecords in the

# OFFICE OF THE SECRETARY OF STATE NEW MEXICO

### Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

## Thomas Matison LLC 5626943

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

#### **Limited Liability Company Act**

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on March 7, 2018, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: March 21, 2018

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Joulouse Oliver

Maggie Toulouse Uliver Secretary of State

THE STATE OF THE SEATON OF THE STATE OF THE SEATON OF THE

Certificate Validation #: 0019938

A certificate issued electronically from the New Mexico Secretary of States office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at https://portal.sos.state.nm.us/bfs/online and following the instructions displayed under Certificate Validation.