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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Wyoming Financial 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:				
Michelle Fournier Name of Person				
Wyoming Financial LLC Jim/Company				
1376 Edgehill Rd				
West Palm Beach, FL 33417 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Michelle Fournier at (609) 828-5148 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: \$\Begin{array}{c} \Begin{array}{c} \S125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

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

IN COMPLIANCE WITH SECTION 605 COMPANY TO TRANSACT BUSINESS I		OLLOWING IS SUBMITTED TO REGIS	HER A FOREIGN TIMITTED LIABILITY
1 Wyoming	Financial	LLC ad Liability Company, ""L L C, " or "LLC"	
(It name unavailable, enter alternate name adopted 2. New Jeu	rsey	3.	
(Jurisdiction under the law of which foreign	limited liahyhty company is organized)	(FEI nuc	nber, if applicable)
4. (Date (See	first transacted business in Florida, if prior to sections 605,0904 & 605,0905, 1 1 and daming	registration.)	
5. 1376 Edge	hill Rd	6. 1376 Edg.	chill Rd
West Palm	n Brach FL	West Pal	m Beach, FL
7. Name and <u>street address</u> of Flo	1 / /	٠	
	Michelle Fou		
Office Address:	376 Edgehi		/ —
<u></u>	yest Palm Bed	ach Florida 33	417 xie)
	ll statutes relative to the proper	is registered agent and agree to act and complete performance of my formation of my substance.	
8. The name, title or capacity and	address of the person(s) who h	as/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
General	Michelletour	nier —	
Managing	West Halto Bacc	h FL 417	2018
Partner		41 / 	APR 1
		_ _	
(Use attachments if necessary)			
	n it is organized, (If the certifica	duly authenticated by the official late is in a foreign language, a translate	naving custody of records in the
		03 (1) (b). Florida Statutes. I am aw nird degree felony as provided for it	
		e of an authorized person	
	Michelle	e Fournier	

Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

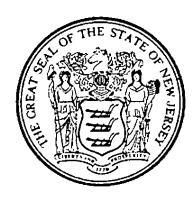
WYOMING FINANCIAL LLC 0400094546

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 06, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MICHELLE FOURNIER
1376 Edgehill Rd
West Palm Beach FL 33417, NJ 08003



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of April, 2018

den A Mun

Elizabeth Maher Muoio Acting State Treasurer

Certificate Number: 2325483606

Verify this certificate online at

 $https://www.L.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp$