# MECCOULZI

(Requestor's Name)									
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PICK-UP WAIT MAIL									
(Rusiness Entity Name)									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									





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### COVER LETTER

то:		ation Section 1 of Corporation	ns				
SUBJE		elBladeMedia L					_
			Name of I	Limited Liability (	Company		
The en- Exister	closed "A ace, and cl	pplication by For neck are submitte	eign Limited Liability Comp d to register the above refere	eany for Authoriza enced foreign limit	tion to Tra ted liability	nsact Business in Florida y company to transact bus	," Certificate of iness in Florida.
Please	return all	correspondence o	concerning this matter to the	following:			
		Erik MichaelV	Viley				
	Name of Person						
Firm/Company						_	
9830SW85THTER							
Address						_	
	Miami FL 33173						33 1
City/State and Zip Code							3
		ewiley@gmail.d	com				
	•		E-mail address; (to be used	for future annual	report not	ification)	- '
For further information concerning this matter, please call:							
	jarede	sguerra		305 at (	30433	·	_1 
		Name o	of Contact Person	Area Code	Day	time 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				
Enclos		eck for the follow .00 Filing Fee	ing amount:  \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, of Status & Certified C	

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	SteelBladeMediaLLC	;			
• •	(Name of Foreign	Limited Liability Company; must include "Lim	ited Liabili	ity Company," "L.L.C.," or "L.LC.")	
(If n	ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida. The	alternate name must include "Limited Liab	oility Company," "L.L.C," or "LLC.")
, ۱	Nyom <del>i</del> ng		3	82-1360407	
	(Jurisdiction under the law of wi	nich foreign limited liability company is organized)	,		er, if applicable)
1	N/A				
•		(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to dete	to registratio	on.) y liability)	<del></del>
5	9830SW85THTER		6.	9830SW85THTER	
	(Street Address of F Miami, FL 33173	rinerpal Office)	-	(Mailing Addr Miami, FL 33173	rss)
	Miarii, FL 33173			Wildhii, FE 33173	
7.	Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u>	_acceptable)	
	Name:	Erik Michael Wiley			
	Office Address:	9830\$W85THTER			
	Office Address.				
		Miami (City)		, Florida 33173	<del></del>
Re	gistered agent's accep	-		(sup cont	······································
		s of my position as registered agent.  (Registered agent	M a's signature	<u>AC</u>	- 1
8.	The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who Name and Address:		authority to manage is/are:	Name and Address:
	Member/ Manager	Erik Michael Wiley			
		9830SW 85TH TER		<del></del>	
		Miami, FL 33173			<del> </del>
ai	se attachments if neces.				
		•			
juri		of existence, no more than 90 days old of which it is organized. (If the certifical abmitted)			
		uted in accordance with section 605.02 the Department of State constitutes a			
		_ gynli	MA	900	
		Signat	ure of an aud	horized person	
		Erik MichaelWiley			
			1 or printed n	iame of signee	

## 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,

#### Steel Blade Media LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **April 29, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000751896**.

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 23rd day of April, 2018 at 11:18 AM. This certificate is assigned 026268229.



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.