M18000006673

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bi	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500315588645

07/12/18--01017--027 **125.00

18 JUL 12 AM 11: 117

O SIMMONS

COVER LETTER

TO: Registration Section

Div	ision of Corporatio	ns						
CIID IF/T	Classic Administrat							
SUBJECT	Name of Limited Liability Company							
The enclosed Existence, and	d "Application by Fo.	reign Limited Liability Comp ed to register the above refero	eany for Authorizat enced foreign limite	ion to Tra ed liability	ensact Business in Florida," Certificate c y company to transact business in Florid			
Please return	all correspondence	concerning this matter to the	following:					
	Diann Pruitt							
		Na	ame of Person					
	Year To Year	Consulting, L.L.C.						
		Fi	rm/Company					
	1580 N Point F	Prairie Road						
		_	Address	-				
	Foristell, MO	63348						
		City/S	tate and Zip Code					
	diann.pruitt@y2	lyc.com						
		E-mail address: (to be used	I for future annual	report not	ification)			
For further i	information concerning	ng this matter, please call:						
Di	ann Pruitt		636 at (639-18	80			
	Name	of Contact Person	Area Code	Day	rtime Telephone Number			
Div Rej P.C	AILING ADDRESS vision of Corporation gistration Section D. Box 6327 ilahassec, FL 32314			Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301			
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin	g Fee &	☐ \$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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Systems, LLC			
(Name of Fixeign	Limited Liability Company; must include "Limited	d Liability	Company," "L.L.C.," or "LI.	C.")
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo			d Liability Company," "L.L.C," or "LLC.")
2. Wyoming		3.	82-5398238	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI	number, if applicable)
4. N/A				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty li	ability)	
5 1603 Capitol Avenue,			same	
(Street Address of	Principal Office)	· -		Address) 0
Cheyenne, WY 82001				三
 -		_		CR L
•		-		表表 二 5
7 Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	ecentable)	SSS 2
7. Ivanie and street addre.		1101 a	ecptable,	20年 夏
Name:	Charles T Wiggins			64 =
Office Address:	501 Commendencia Street			PRICE -
Office Address.	n .			7
	Pensacola (Crty)		, Florida 32502	p code)
designated in this applica	ition, I hereby accept the appointment a			ited liability company at the place act in this capacity. I further agr
to comply with the provis		s register	red agent and agree to	act in this capacity. I further agr
to comply with the provis	ition, I hereby accept the appointment a ions of all statutes relative to the proper	s register and con	red agent and agree to	act in this capacity. I further agr
to comply with the provis and accept the obligation	ition, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's	s register and con	red agent and agree to uplete performance of	act in this capacity. I further agr my duties, and I am familiar with
to comply with the provis and accept the obligation	ition, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s register and con signature)	red agent and agree to uplete performance of	act in this capacity. I further agr my duties, and I am familiar with
to comply with the provis and accept the obligation 8. The name, title or cap	ition, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's accity and address of the person(s) who has Name and Address:	s register and con signature) as/have a <u>Tit</u>	red agent and agree to aplete performance of a uthority to manage is/a le or Capacity:	act in this capacity. I further agr my duties, and I am familiar with
to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have and Address: Bradley Davis	s register and con signature) as/have a Tit	red agent and agree to uplete performance of uthority to manage is/a	act in this capacity. I further agr my duties, and I am familiar with re: Name and Address: Jennifer Holcomb
to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ition, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's accity and address of the person(s) who has Name and Address:	s register and con signature) as/have a Tit	red agent and agree to aplete performance of a uthority to manage is/a le or Capacity:	act in this capacity. I further agr my duties, and I am familiar with c: Name and Address:
to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who have and Address: Bradley Davis 1603 Capitol Ave., Ste. 303D	s register and con signature) as/have a Tit	red agent and agree to aplete performance of a uthority to manage is/a le or Capacity:	re: Name and Address: Jennifer Holcomb 1603 Capitol Ave., Ste. 303
to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who have and Address: Bradley Davis 1603 Capitol Ave., Ste. 303D	s register and con signature) as/have a Tit	red agent and agree to aplete performance of a uthority to manage is/a le or Capacity:	re: Name and Address: Jennifer Holcomb 1603 Capitol Ave., Ste. 303
to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who have and Address: Bradley Davis 1603 Capitol Ave., Ste. 303D	s register and con signature) as/have a Tit	red agent and agree to aplete performance of a uthority to manage is/a le or Capacity:	re: Name and Address: Jennifer Holcomb 1603 Capitol Ave., Ste. 303
to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Manager	Accept the appointment a sions of all statutes relative to the proper s of my position as registered agent. (Registered agent's accity and address of the person(s) who has Name and Address: Bradley Davis 1603 Capitol Ave., Ste. 303D Chevenne, WY 82001	s register and con signature) as/have a Tit	red agent and agree to aplete performance of a uthority to manage is/a le or Capacity:	re: Name and Address: Jennifer Holcomb 1603 Capitol Ave., Ste. 303
to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	Accept the appointment a sions of all statutes relative to the proper s of my position as registered agent. (Registered agent's accity and address of the person(s) who has Name and Address: Bradley Davis 1603 Capitol Ave., Ste. 303D Chevenne, WY 82001	s register and con signature) as/have a Tit	red agent and agree to aplete performance of a uthority to manage is/a le or Capacity:	re: Name and Address: Jennifer Holcomb 1603 Capitol Ave., Ste. 303
to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law	Assary) In hereby accept the appointment a sions of all statutes relative to the proper s of my position as registered agent. (Registered agent's accity and address of the person(s) who has a Name and Address: Bradley Davis 1603 Capitol Ave., Ste. 303D Chevenne. WY 82001	signature) as/have a Tit Mi	red agent and agree to aplete performance of applete performance of authority to manage is/authority to manage is/authority to manager	re: Name and Address: Jennifer Holcomb 1603 Capitol Ave Ste. 303 Chevenne, WY 82001
8. The name, title or cap Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	Assary) In hereby accept the appointment a sions of all statutes relative to the proper s of my position as registered agent. (Registered agent's accity and address of the person(s) who has a Name and Address: Bradley Davis 1603 Capitol Ave., Ste. 303D Chevenne. WY 82001	signature) as/have a Tit Mac duly authorisin a	nenticated by the official foreign language, a trans	re: Name and Address: Jennifer Holcomb 1603 Capitol Ave Ste. 303 Chevenne, WY 82001 all having custody of records in the slation of the certificate under oath
8. The name, title or cap Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	Assary) In the entropy accept the appointment a sions of all statutes relative to the proper is of my position as registered agent. (Registered agent's accity and address of the person(s) who has a Name and Address: Bradley Davis 1603 Capitol Ave., Ste. 303D Chevenne, WY 82001 Bradley Davis (Registered agent's accity and address: (Registered agent's accity and accity and address: (Registered agent's accity agent agent accity and address: (Registered agent's accity and accity and accity	signature) as/have a Tit Mi	nenticated by the official foreign language, a transcription of the second statutes. I am a control of the second	re: Name and Address: Jennifer Holcomb 1603 Capitol Ave Ste. 303 Chevenne, WY 82001 all having custody of records in the slation of the certificate under oath

Typed or printed name of signee

Bradley Davis

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,

Classic Administration Systems, LLC is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on April 26, 2018, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2018-000800616.

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 2nd day of May, 2018 at 11:49 AM. This certificate is assigned 026371429.

Edward

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.