# M1800000-6823

(Requestor's Name)				
(Ac	ddress)			
(Address)				
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	Edwa	rds Law Group, LL(		
	Name o	f Limited Liability Com	pany	
The enclosed "Application by Existence, and check are subm	Foreign Limited Liability Con itted to register the above refe	npany for Authorization erenced foreign limited li	to Transact Business in Florida," Certificate of ability company to transact business in Florida.	
Please return all correspondence	ee concerning this matter to the	e following:		
Timothy D. Edwards				
Name of Person				
Edwards Law Group, LLC				
Firm/Company				
873 Peregrine Circle				
Address				
Oregon, Wisconsin 53575				
	City/	State and Zip Code		
timedwards@lawhonlaw.us  E-mail address: (to be used for future annual report notification)				
For further information concern		ed for future annual repo	rt notification)	
Timothy D		at ( 608 ) 44	13-8489	
	of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	15	Divis Regi Clifte 2661	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle hassee, FL 32301	
Enclosed is a check for the following Fee □ \$125.00 Filing Fee	wing amount:  \$130.00 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Edwards Law Group LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Wisconsin (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) N/A (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 873 Peregrine Circle 873 Peregrine Circle (Street Address of Principal Office) (Mailing Address) Oregon, WI 53575 Oregon, WI 53575 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Timothy Edwards Name: 3003 Tamiami Trail N. Suite 200 Office Address: Naples , Florida Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Managing Member Tim Edwards 873 Peregrine Circle Oregon, WI 53575 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath 10. This document is executed in accordance with section \$05,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

> Timothy D. Edwards Typed or printed name of signee

## United States of America State of Wisconsin

# DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

### **EDWARDS LAW GROUP LLC**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 01, 2016.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 12, 2018.

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 224679-2F834598