# MISODODOAYS

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SECREPARY OF STATE

D. BRUCE JUL 28 2018

#### **COVER LETTER**

	tration Section ion of Corporation	118						
SUBJECT: 1	t's a Wonderful L	ife in Florida, LLC						
_		Name of	Limited Liability (	Company				
The enclosed " Existence, and	Application by For check are submitte	reign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limi	ition to Tra ted liability	ansact Business in Fly company to transac	lorida," et busin	Certifi less in l	cate of Florida.
Please return a	ll correspondence	concerning this matter to the	following:					
	Bryan Oeth							
		N:	ame of Person					
		Fi	rm/Company					
	622 Flume C	t.						
			Address		<u>.</u>	<b>_</b>	جذ	
	Longwood, F	L 32750			,	SECH ALL/	<b>3</b>	73
	X	City/S	tate and Zip Code			学で	5	
	oethsmiles@	lamail com				388	24	
	<u> </u>	E-mail address: (to be used	d for future annual	report not	ification)	<u>m</u> <u></u>	2	
For further info	ormation concernin	g this matter, please call:			,	31715 31715	<b>1</b> 4: 42	
Mika	Hillery at Legall	y Mine	at ( 800	) 375-2	2453			
	Name o	of Contact Person	Area Code	Day	time Telephone Nur	mber		
Divis: Regis P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 hassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding centive Center Circle ee, FL 32301	·		
	theck for the follow 25.00 Filing Fee	ing amount:  S130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing of Status & Certifi			ee

## 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:

(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Liz	ability Company," "L.E.C," or "LLC.")
2. Alaska		3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI num	ber, if applicable)
4			<u> </u>
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration.) nine penalty liability)	
5. 505 Old Steese Hw (Street Address of	y Ste 122	6. 622 Flume Ct.	leare)
Fairbanks, AK 9970	•	Longwood, FL 32750	SE SE
		<u></u>	<u> </u>
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	ZARY C
Name:	Bryan Oeth		mc P
Office Address:	622 Flume Ct.		
	Longwood	, Florida 32750	₽ <b>2</b>
Registered agent's accep	(City)	(Zip co	ie)
to comply with the provis	ition, I nereby accept the appointment to ions of all statutes relative to the prope is of my position as registered agent.	us registered agent and agree to act r and complete performance of my	
to comply with the provis and accept the obligation	ions of all statutes relative to the property of my position as registered agent.  (Registered agent)	r and complete performance of my	
to comply with the provis and accept the obligation	ions of all statutes relative to the propers of my position as registered agent.	r and complete performance of my	
to comply with the provise and accept the obligation  8. The name, title or cap	ions of all statutes relative to the property of my position as registered agent.  (Registered agent)  acity and address of the person(s) who h	r and complete performance of my signature) as/have authority to manage is/are:	duties, and I am familiar with
to comply with the provisuand accept the obligation  8. The name, title or cap  Title or Capacity:	ions of all statutes relative to the property of my position as registered agent.  (Registered agent's active and address of the person(s) who have and Address:  Bryan Oeth 622 Flume Ct.	r and complete performance of my signature) as/have authority to manage is/are:	duties, and I am familiar with
to comply with the provisuand accept the obligation  8. The name, title or cap  Title or Capacity:	ions of all statutes relative to the property of my position as registered agent.  (Registered agent)  acity and address of the person(s) who hame and Address:  Bryan Oeth	r and complete performance of my signature) as/have authority to manage is/are:	duties, and I am familiar with
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to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity: Member	acity and address of the person(s) who h  Name and Address:  Bryan Oeth  622 Flume Ct. Longwood, FL 32750	r and complete performance of my signature) as/have authority to manage is/are:	duties, and I am familiar with
S. The name, title or cap Title or Capacity: Member  (Use attachments if neces)	acity and address of the person(s) who hame and Address:  Bryan Oeth 622 Flume Ct. Longwood, FL 32750  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certifica	as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official h	Name and Address:

Typed or printed name of signee

Alaska Entity #10073040

## State of Alaska

Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

# **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

### It's a wonderful life in Florida, LLC

This entity was formed on December 05, 2017 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **July 05, 2018**.

Mike Navarre Commissioner

Mile Marane