

M18000007230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

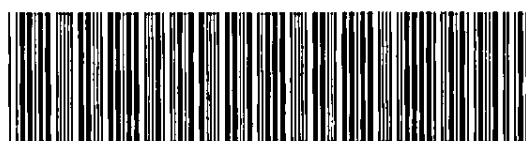
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Suffix W18-68832

Office Use Only

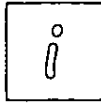


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FILED
18 AUG -6 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

○ SIMMONS
AUG 07 2018



ideal Accounting Solutions

PO Box 1462 Sundance, WY 82729 • 888-509-9330 • www.iCFOsolution.com

August 2, 2018

State of Florida
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

To Whom it may Concern:

Re: Rejected filing for iCFO, PLLC – Document Number W18000068832

I have received a rejected filing for my LLC. According to Ms. Octavia Simmons this is caused by my attempt to file my Florida Foreign entity as a PLLC when my state of organization, Wyoming, recognizes my business as an LLC.

I am refiling the application with the correct naming of "iCFO LLC" to alleviate this concern. Also according to Ms. Simmons I am not required to pay the application fee twice. Accordingly I have attached here an image of the cancelled check for your reference.

Sincerely,

Max Wilen, Managing Member
iCFO LLC

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RECEIVED

2018 AUG -6 PM12:03

STATE OF FLORIDA
DIVISION OF CORPORATIONS
REGISTRATION SECTION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iCFO PLLC

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:

Max Wilen

Name of Person

iCFO PLLC

Firm/Company

3030 N. Rocky Point Dr. STE 150A

Address

Tampa FL 33607

City/State and Zip Code

max@icfosolution.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max Wilen

Name of Contact Person

at (

307

Area Code

622-9330

Daytime 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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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:

1. ICFO PLLC LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

ICFO Solution 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.")

2. Wyoming 3. 472396908
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3030 N. Rocky Point Dr. 6. 3030 N. Rocky Point Dr.
(Street Address of Principal Office) (Mailing Address)
STE 150A STE 150A
Tampa FL 33607 Tampa FL 33607

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent, LLC.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607
(City) (Zip code)

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.

Tom Glavin

(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: |
|------------------------|--|--------------------|-------------------|
| <u>Managing Member</u> | <u>Max Wilen</u> <u>3030 N. Rocky Point Dr. STE 150A</u> <u>Tampa FL 33607</u> | | |
| <u>Member</u> | <u>Karla Wilen</u> <u>3030 N. Rocky Point Dr. STE 150A</u> <u>Tampa FL 33607</u> | | |

(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 of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (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.

Max Wilen
Signature of an authorized person

Max Wilen

Typed or printed name of signee

18 AUG -6 PM
SECRETARY OF
TALLAHASSEE
FILED

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,

iCFO, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 4, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000676784**.

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 18th day of July, 2018 at 5:29 PM. This certificate is assigned 027262833.



Edward A. Buchanan
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.