

M18000007454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

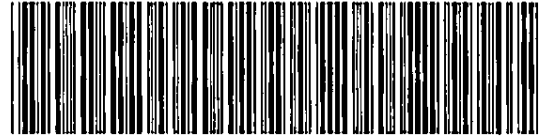
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2018 AUG -6 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

UCS  
08-14-

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Smedvigs.com LLC

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:

Erling Smedvig

Name of Person

Smedvigs.com LLC

Firm/Company

770 Sundial Ct #500

Address

Fort Walton Beach, FL 32548

City/State and Zip Code

erling@smedvigs.com

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

For further information concerning this matter, please call:

Erling Smedvig

847

370-7447

Name of Contact Person

at ( )

Area Code

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. Smedvigs.com 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.")

2. Illinois 3. 20-2370078  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 02/05/2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>770 Sundial Ct #500</u> (Street Address of Principal Office) <u>Fort Walton Beach, FL</u> <u>32548</u>	6. <u>770 Sundial Ct #500</u> (Mailing Address) <u>Fort Walton Beach, FL</u> <u>32548</u>
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Erling Smedvig  
Office Address: 770 Sundial Ct. #500  
Fort Walton Beach, Florida 32548  
(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.*

  
(Registered agent's signature)


8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>Erling Smedvig</u> <u>770 Sundial Ct. #500</u> <u>Fort Walton Beach, FL 3254</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></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.

  
Signature of an authorized person  
ERLING SMEDVIG  
Typed or printed name of signee

**FILED**  
**2018 AUG -6 AM 11:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

File Number

0141895-5



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

SMEDVIGS.COM LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 08, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 4TH  
day of AUGUST A.D. 2018 .***

*Jesse White*

SECRETARY OF STATE