

MIBOUUOO 8020

(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:

wrong form
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Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2018

VENUS CARUSI, ESQ
11350 SW VILLAGE PKWY, 3RD FLOOR
PORT ST LUCIE, FL 34987

SUBJECT: NETWORK OF SOBRIETY LLC
Ref. Number: M18000008020

*Please find enclosed
the forms requested.*

We have received your document for NETWORK OF SOBRIETY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s). ✓

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned. ✓

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00024487

2018 DEC 26 AM 11:16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Network of Sobriety LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Venus Caruso

Name of Person

MISE Holdings LLC

Firm/Company

11350 SW Village Pkwy, Third Floor

Address

Port St. Lucie, FL 34987

City/State and Zip Code

venus.caruso@miseholdings.com

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

For further information concerning this matter, please call:

Venus Caruso

561

508-3101 x 204

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount: \$25.00 fee previously sent

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Network of Sobriety LLC

Enter new principal office address, if applicable: 11350 SW Village Pkwy, Third Floor

(Principal office address

MUST BE A STREET ADDRESS)

Port St. Lucie FL 34987

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

11350 SW Village Pkwy, Third Floor

Port St. Lucie FL 34987

2. The Florida document number of this limited liability company is: M1000008020

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/24/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MISE Holdings LLC

New Registered Office Address: 11350 SW Village Pkwy, Third Floor

Enter Florida Street Address

Port St. Lucie

City

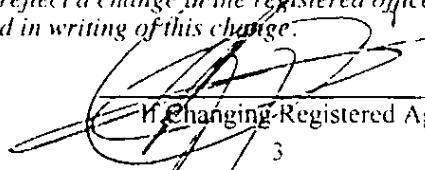
Florida

34987

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

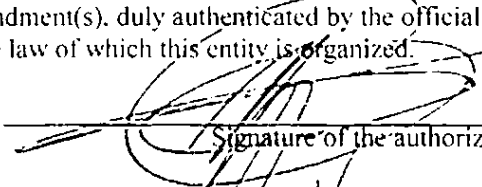
 If Changing Registered Agent, Signature of New Registered Agent

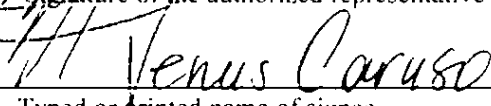
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	NeoCo LLC	1600 West Eau Gallie Blvd, 205R	<input type="checkbox"/> Add
		Melbourne FL 32935	<input checked="" type="checkbox"/> Remove
AP	Joseph Munden	1600 West Eau Gallie Blvd, 205R	<input type="checkbox"/> Add
		Melbourne FL 32935	<input checked="" type="checkbox"/> Remove
MGR	MISE Holdings LLC	11350 SW Village Pkwy, 3rd Floor	<input checked="" type="checkbox"/> Add
		Port St Lucie FL 34987	<input type="checkbox"/> Remove
AMBR	Nick Ferriell	11350 SW Village Pkwy, 3rd Floor	<input checked="" type="checkbox"/> Add
		Port St Lucie FL 34987	<input type="checkbox"/> Remove
AMBR	William D'Anieri	11350 SW Village Pkwy, 3rd Floor	<input type="checkbox"/> Add <small>Address Change Only</small>
		Port St Lucie FL 34987	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative


Typed or printed name of signee

Filing Fee: \$25.00