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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| TO: | Registration Section Division of Corporation | ns | | | | |
|---------|--|--|---------------------------------|--|---|---------------------|
| SUBJI | Delaney Trading LI | .C | | | | |
| SUBJI | EC1: | Name of | Limited Liability (| Company | | - |
| | | reign Limited Liability Comp ed to register the above refer | | | | |
| Please | return all correspondence of | concerning this matter to the | following: | | | |
| | Ryan Campbel | for Tori Rosado | | | | |
| | | N N | ame of Person | | | • |
| | Delaney Tradir | ig LLC | | | | 20 |
| | | F | irm/Company | | . • | 18 57 |
| | 5703 Red Bug | Lake Road Unit 182 | | | | 2018 SEP 17 PH 3:41 |
| | | | Address | | -' | - P: |
| | Winter Springs | , Florida 32708 | | | • | · 4 5 |
| | | City/S | tate and Zip Code | | | . <u> </u> |
| | jdelaneytrading@ | - | | | | |
| | | E-mail address: (to be used | d for future annual | report not | ification) | |
| For fur | ther information concerning | g this matter, please call: | | | | |
| | Name o | of Contact Person | at (Area Code |) | time Telephone Number | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | ADDRESS: of Corporations ion Section uilding centive Center Circle ee, FL 32301 | |
| Enclos | ed is a check for the follow ☐ \$125.00 Filing Fee | ring amount; □ \$130.00 Filing Fee & Certificate of Status | S155.00 Filin Certified Copy | g Fee & | S160.00 Filing Fee, C | |



July 21, 2018

J DELANEY 5703 RED BUG LAKE RD, UNIT 182 WINTER SPRINGS, FL 32708

SUBJECT: DELANEY TRADING LLC

Ref. Number: W18000066649

We have received your document for DELANEY TRADING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 518A00014990

RECEIVED

(D

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:

| name unavailable, enter alternate n | iame adopted for the purpose of transacting busine | ess in Florida. The alternate name must include "Limite | ed Liability Company," "L.L.C," or "LLC," |
|---|--|--|--|
| Wyoming | | 3. | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized | (FE | number, if applicable) |
| none yet | | | |
| | (Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. ti | o determine penalty hability) | |
| 5703 Red Bug Lake Ro | ond | 6. Same 5763 Rx | OBVILLERA |
| (Street Address of F Unit 182 | Principal Office) | 6. Same 5703 R. Mailing UNET 184 UNINTERSO | (Address) |
| Winter Springs, FL. 32 | 708 | 142 15 15 CO | 0-11/6-11/02/06 |
| Triner of master to: 32 | 7777 | WW CX Sp | KUNGS, Pa 3-4/03 |
| Name and street address | s of Florida registered agent: (P.C |) Roy NOT accentable) | · T |
| | | n. Dox 14451_acceptancy | |
| Name: | Bill Havre | | |
| Office Address: | 3030 N. Rocky Point Dr. STE 15 | 0A | 36 |
| | T | 22.40 | • |
| | Tampa | Florida 33007 | |
| iving been named as re signated in this applica comply with the provisi | (City) tance: gistered agent and to accept service tion, I hereby accept the appointm | Florida 33607 ce of process for the above stated limitent as registered agent and agree to proper and complete performance of the state of the stat | ited liability company at the pact in this capacity. I furthe |
| iving been named as re signated in this applica comply with the provisi | (City) tance: gistered agent and to accept service tion, I hereby accept the appointm ons of all statutes relative to the p | ce of process for the above stated lim tent as registered agent and agree to troper and complete performance of tt. | ited liability company at the pact in this capacity. I furthe |
| iving been named as resignated in this applica comply with the provisi d accept the obligations | tance: gistered agent and to accept service tion, I hereby accept the appointm tions of all statutes relative to the p s of my position as registered agen Registered | ce of process for the above stated lim tent as registered agent and agree to troper and complete performance of tt. | ited liability company at the pact in this capacity. I furthe my duties, and I am familiar |
| wing been named as resignated in this application comply with the provision accept the obligations. The name, title or capa | tance: gistered agent and to accept service tion, I hereby accept the appointm tions of all statutes relative to the p s of my position as registered agen Registered acity and address of the person(s) w Name and Address: | ce of process for the above stated limitent as registered agent and agree to traper and complete performance of the agent signature) | ited liability company at the pact in this capacity. I furthe my duties, and I am familiar |
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| iving been named as resignated in this applicated in this applicate comply with the provision of accept the obligation. The name, title or capative or Capacity: MGR MBR MBR Attachments if necesses attachments if necesses attachments if necesses attachments in the capating of the capacity is a certificate. | tance: gistered agent and to accept service ition. I hereby accept the appointments of all statutes relative to the person of my position as registered agent and address of the person(s) was and address: Tori Rosado 5703 REOBUGLER Ryan Campbell 5403 REOBUGLER Ryan Campbell 5403 REOBUGLER BUGLER sary) of existence, no more than 90 days of which it is organized. (If the cert | ce of process for the above stated limited as registered agent and agree to proper and complete performance of at. | ited liability company at the jact in this capacity. I furthe my duties, and I am familiar re: Name and Address: |

Typed or printed name of signee

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,

DELANEY TRADING LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 3, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000810539**.

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 3rd day of July, 2018 at 9:19 AM. This certificate is assigned 027078934.

Socretary 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.