# m18000010723

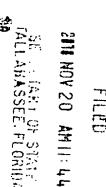
(Req	uestor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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#### COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	OIL REVIEV	V LLC				
		Name of I	imited Liability (	Company		
		eign Limited Liability Comp d to register the above refere				
Please return al	l correspondence c	oncerning this matter to the	following:			
	JOHN KAUFN	MANN				
		Na	ime of Person	•		
		Fit	rm/Company			
	PO BOX 72					
		· · · · · · · · · · · · · · · · · · ·	Address			
	BRADENT	ON BEACH, FLORIDA 34	1217			
		City/St	ate and Zip Code	·		
	sjjek@aol.com					
		E-mail address: (to be used	for future annual	report not	ification)	
For further info	ormation concerning	g this matter, please call:				
1HOL	KAUFMANN		941 _ at (	778-01	16	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divisi Regist P.O. F	ING ADDRESS: on of Corporations ration Section Box 6327 cassee, FL 32314			Division of Registrati Clifton Bt 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ec, FL 32301	
	heck for the follow 25.00 Filing Fee	ing amount:  \$\Bigsize \text{\$\frac{1}{3}\text{\$130.00 Filing Fee & Certificate of Status}}\$	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RESINESS. IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business	in Florida, The alternate name must include. Limited	Liability Company," "L. L. C," or "LLC")
STATE OF WEST V		3. <mark>81-1889598</mark>	
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FB):	number, if applicable)
NOVEMBER 16 20			
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605 0905, F.S. to de	nor to registration.) etermane penalty hability)	
2110 AVENUE B		6. PO BOX 72	
(Street Address of BRADENTON BEA	(Principal Office)	(Mailing BRADENTON BEACH	
FLORIDA 34217		FLORIDA 34217	
1201107104217	<del></del>	TEORIDA 34217	
7 Name and atout adde	ess of Florida registered agent: (P.O.	Dog MOT againstable)	NOV 2
. Name and street addr		nox <u>nor</u> acceptante)	20 SSE
Name:	JOHN KAUFMANN	<del></del>	ලිද 🕦 🕒
Office Address	2110 AVENUE B		FLS:
			FLORI
Office Address: Registered agent's acce laving been named as lesignated in this applic	BRADENTON BEACH  (City)  ptance: registered agent and to accept service ration, I hereby accept the appointme	of process for the above stated limi nt as registered agent and agree to t	ict in this capacity. I further ag
Office Address: Registered agent's accellaving been named as designated in this application occupy with the proving the provin	BRADENTON BEACH  (City)  reptance: registered agent and to accept service ration, I hereby accept the appointme sions of all statutes relative to the prons of my position as registered agent.	of process for the above stated liming as registered agent and agree to a oper and complete performance of n	code) ted liability company at the plac tet in this capacity. I further ag
Office Address: Registered agent's accellaving been named as lesignated in this applic ocomply with the provind accept the obligation	BRADENTON BEACH  (City)  registered agent and to accept service ration, I hereby accept the appointments of all statutes relative to the profits of my position as registered agent.  (Registered agent)	of process for the above stated liming as registered agent and agree to a oper and complete performance of n	code)  ted liability company at the place  tet in this capacity. I further ag  ny duties, and I am familiar with
Office Address: Registered agent's accellaving been named as lesignated in this application comply with the provind accept the obligation.  8. The name, title or ca	BRADENTON BEACH  (City)  registered agent and to accept service ration. I hereby accept the appointments of all statutes relative to the profits of my position as registered agent.  (Registered agent and address of the person(s) who	of process for the above stated liming as registered agent and agree to a oper and complete performance of notices are suggested.	code)  ted liability company at the place  tet in this capacity. I further ag  ny duties, and I am familiar with
Office Address: Registered agent's accellaving been named as designated in this application comply with the provind accept the obligation.  8. The name, title or ca	ptance: registered agent and to accept service ration, I hereby accept the appointme sions of all statutes relative to the pro ins of my position as registered agent.  (Registered ag pacity and address of the person(s) wh Name and Address:	of process for the above stated liming as registered agent and agree to a oper and complete performance of notices are supported by the co	ted liability company at the place ict in this capacity. I further agony duties, and I am familiar with the capacity wit
Office Address: Registered agent's accellaving been named as designated in this application occumply with the provisind accept the obligation.  8. The name, title or ca	BRADENTON BEACH  (City)  registered agent and to accept service ration. I hereby accept the appointments of all statutes relative to the profits of my position as registered agent.  (Registered agent and address of the person(s) who	of process for the above stated liming as registered agent and agree to a oper and complete performance of notices are suggested.	ted liability company at the place ict in this capacity. I further agony duties, and I am familiar with the second
Office Address: Registered agent's accellaving been named as designated in this application comply with the provind accept the obligation.  8. The name, title or ca	BRADENTON BEACH  (City)  Interpolation of the property of the person of my position as registered agent.  (Registered agent of the person	c of process for the above stated limit as registered agent and agree to a oper and complete performance of next sugardae.  Title or Capacity:  MEMB.	code)  ted liability company at the place ict in this capacity. I further agony duties, and I am familiar with   SARAH KAUFMANN PO BOX 72  BRADENTON BEACH
Office Address: Registered agent's accellaving been named as designated in this application comply with the provind accept the obligation.  8. The name, title or ca	BRADENTON BEACH  (City)  plance: registered agent and to accept service ation, I hereby accept the appointme sions of all statutes relative to the prons of my position as registered agent.  (Registered agent and Address:  JOHN KAUFMANN  PO BOX 72	c of process for the above stated limit as registered agent and agree to a oper and complete performance of next sugardae.  Title or Capacity:  MEMB.	ted liability company at the place ict in this capacity. I further agony duties, and I am familiar with the second
Office Address: Registered agent's accellaving been named as lesignated in this application comply with the provind accept the obligation.  8. The name, title or ca	BRADENTON BEACH  (City)  Interpolation of the property of the person of my position as registered agent.  (Registered agent of the person	c of process for the above stated limit as registered agent and agree to a oper and complete performance of next sugardae.  Title or Capacity:  MEMB.	code)  ted liability company at the place ict in this capacity. I further agony duties, and I am familiar with   SARAH KAUFMANN PO BOX 72  BRADENTON BEACH
Office Address: Registered agent's accellaving been named as lesignated in this application comply with the provind accept the obligation.  8. The name, title or ca	BRADENTON BEACH  (City)  Interpolation of the property of the person of my position as registered agent.  (Registered agent of the person	c of process for the above stated limit as registered agent and agree to a oper and complete performance of next sugardae.  Title or Capacity:  MEMB.	code)  ted liability company at the place ict in this capacity. I further agony duties, and I am familiar with   SARAH KAUFMANN PO BOX 72  BRADENTON BEACH
Office Address: Registered agent's accellaving been named as designated in this application comply with the provind accept the obligation.  The name, title or ca Title or Capacity: MEMB.	prance: registered agent and to accept service ration, I hereby accept the appointments of all statutes relative to the professions of my position as registered agent.  (Registered agent.)	c of process for the above stated limit as registered agent and agree to a oper and complete performance of next sugardae.  Title or Capacity:  MEMB.	code)  ted liability company at the place ict in this capacity. I further agony duties, and I am familiar with   SARAH KAUFMANN PO BOX 72  BRADENTON BEACH
Office Address: Registered agent's accellaving been named as designated in this application of comply with the provind accept the obligation.  8. The name, title or can a Title or Capacity: MEMB.	prance: registered agent and to accept service ration, I hereby accept the appointments of all statutes relative to the professions of my position as registered agent.  (Registered agent.)	cof process for the above stated limit as registered agent and agree to a oper and complete performance of near's signate)  so has/have authority to manage is/are  Title or Capacity:  MEMB.	Name and Address:  SARAH KAUFMANN PO BOX 72 BRADENTON BEACH

Typed or printed name of signee



# Certificate

I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

OIL REVIEW LLC

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on April 13, 2015.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Existence

### CERTIFICATE OF EXISTENCE

Validation ID:6WV2E\_N9MKN

Given under my hand and the Great Seal of the State of West Virginia on this day of

November 16, 2018

Mac Warner

Secretary of State