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(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:	
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#### **COVER LETTER**

#### TO: **Registration Section Division of Corporations**

Miracle Products LLC

SUBJECT:

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:

	Name of Person	
Miracle Products LLC		
	Firm/Company	
PO Box 509		
	Address	· · · · · · · · · · · · · · · · · · ·
Aripeka, FL 34679		
	City/State and Zip Code	
wayne@homesirent.com		
E-mail address: (to I	be used for future annual	
	be used for future annual	report noulleation)
er information concerning this matter, please ca		report notification)
	all: 303	526-5480
er information concerning this matter, please ca	all:	
Wayne Smeal Name of Contact Person MAILING ADDRESS:	all: at ( Area Code	526-5480
wer information concerning this matter, please ca Wayne Smeal Name of Contact Person	all: at ( Area Code	526-5480 ) Daytime Telephone Number
Wayne Smeal Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section	all: at ( Area Code	526-5480 ) Daytime Telephone Number STREET ADDRESS:
Wayne Smeal Name of Contact Person MAILING ADDRESS: Division of Corporations	all: at ( Area Code	526-5480 ) Daytime Telephone Number STREET ADDRESS: Division of Corporations

□ \$130.00 Filing Fee & 🗏 \$125.00 Filing Fee Certificate of Status

🖸 \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee. Certificate of Status & Certified Copy

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#### 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:

### L Miracle Products LLC

• . . •

	one adopted for the purpose of transacting business in Flor	ids. The alternate name must include "Limite	:d Liability Company," "L L C," or "LLC ")	
Colorado		3. 81-4228726		
(Jurisdiction under the law of which foreign fursted liability company is organized)		(FEI	number, if applicable)	
·				
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905; F.S. to determine	egistration.) se penalty hability)		
4000 Shoal Line Blvd		6. PO Box 509		
(Street Address of Principal Office)		(Mailing Address) -1		
Hernando Beach, FL 3	4607	Aripeka, FL 34679		
<u> </u>		<u></u>		
. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	ARTI SSE	
Name:	Wayne Smeal		Fig p [	
			01 51412: 0 E. FT 0191	
Office Address:	4000 Shoal Line Blvd		0.9	
	Hernando Beach	, Florida <u></u>		
	(City)	; / K)/ Ku(Zir	p code)	
legistered agent's accept			1. 1.4. 1.40.	
esignated in this applicat	istered agent and to accept service of p ion, I hereby accept the appointment as	rocess for the above stated lim. registered gyent and garee to	act in this canacity. I further garage	
comply with the provision	ons of all statutes relative to the proper	and complete performance of i	my duties, and I am familiar with	
nd accept the obligations	of my position as registered agent.			
	Il land for			
9	(Registered agent's si	ignature)		
The name title or capac		-		
	city and address of the person(s) who has	s/have authority to manage is/ar		
Title or Capacity:	city and address of the person(s) who has <u>Name and Address</u> :	-	re: <u>Name and Address:</u>	
	city and address of the person(s) who has <u>Name and Address:</u> Wayne Smeal	s/have authority to manage is/ar		
Title or Capacity:	city and address of the person(s) who has <u>Name and Address:</u> Wayne Smeal <u>PO Box 509</u>	s/have authority to manage is/ar		
Title or Capacity:	city and address of the person(s) who has <u>Name and Address:</u> Wayne Smeal	s/have authority to manage is/ar		
Title or Capacity:	city and address of the person(s) who has <u>Name and Address:</u> Wayne Smeal <u>PO Box 509</u>	s/have authority to manage is/ar		

(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 fellows as provided for in s.817.155, F.S.

B M m	ma manger	
	Signature of an authorized person	
Wayne Smeal		

Typed or printed name of signee

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## **CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Miracle Products, LLC

is a

#### Limited Liability Company

formed or registered on 10/25/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161724922.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/06/2018 that have been posted, and by documents delivered to this office electronically through 11/07/2018 @ 10:10:37.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/07/2018 @ 10:10:37 in accordance with applicable law. This certificate is assigned Confirmation Number 11213889



Secretary of State of the State of Colorado

Natica: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, us an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <u>Confirming the usuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate.</u> For more information, visit aur Web site, http:// www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."