1190000589

(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:
W18000106080

Office Use Only



800321264528

12/04/18--01018--020 **155.00

SECRETARY OF STATE TALLAHASSEE FI OFF

APPROVED AND FILED



COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ns				
SUBJECT:	WIGWAM LLC					
5471 231 10311		Name of I	imited Liability Co	ompany		
The enclosed Existence, ar	d "Application by For ad check are submitte	reign Limited Liability Comp d to register the above refere	any for Authorizati nced foreign limite	ion to Tra d fiability	unsact Business in Florida," C company to transact busines	ertificate of s in Florida
Please return	all correspondence of	concerning this matter to the	following:			
	Jennifer Corne	jo				
		Na	ame of Person			
	MYUSAcorpo	ration.com				
		Fi	rm/Company			
	1 Radisson Pla	za, Ste. 800				
			Address			
	New Rochelle.	NY 10801				
	a	City/Si	tate and Zip Code	.		
	jacquievans@ita	nswers.com				
		E-mail address; (to be used	for future annual	report not	ification)	
For further i	nformation concerning	g this matter, please call:				
Jer	mifer Cornejo		877 at (330-26	77 Ext. 57	
-	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section b. Box 6327 dahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ving amount: \$\int\ \text{S} \text{130.00 Filing Fee & Certificate of Status}	■ \$155,00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cert 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:

WIGWAM FLORIDA L	C	in Florida The alternate	. none makede "1	41546 0	
VIRGINIA	reuse, adolesco for role bendeue; or transpersing terraticals.		mant nail netade famic	o Liabiniy Company, L.L.C., S	r inc ,
	nich foreign limited hability company is organized)	_ 3	(FF)	number, if applicable)	
N/A					
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605 0905, F.S. so de	ior to registration.) etermine penalty liabilis;	r)		
1420 CELEBRATION		6. <u>142</u>		BLVD, UNIT 200	
(Street Address of CELEBRATION, FL.		CEL	EBRATION, FL. 3	(Address) 34747	
. Name and <u>street addre</u> Name:	of Florida registered agent: (P.O. Incorp Services, Inc	Box <u>NOT</u> accep	otable)		
Office Address:	17888 67th Court North		_		
	Loxabatchee		23.170		
faving been named as re esignated in this applica o comply with the provis	(Cab.)	nt as registered o oper and comple	he above stated lim agent and agree to	act in this capacity. I J	further agree
esignated in this applica o comply with the provis nd accept the abligation	tance: rgistered agent and to accept service tion. I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.	ont us registered oper and comple	the above stated lim agent and agree to to performance of i	ited liability company of act in this capacity. I jumy duties, and I am fai	further agree
faving been named as re lesignated in this applica o comply with the provis and accept the abligation	tance: gistered agent and to accept service tion. I hereby accept the appointment ions of all statutes relative to the pro of my position as registered agent.	ont us registered oper and comple	the above stated lim agent and agree to to performance of i	ited liability company of act in this capacity. I jumy duties, and I am fai	further agree miliar with
faving been named as re esignated in this applica o comply with the provis nd accept the obligation 3. The name, title or cap	itance: rgistered agent and to accept service stion. I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. Registered agent active and address of the person(s) who	on us registered oper and comple Control (sugnature) to has/have autho	the above stated lim agent and agree to to performance of i	ited liability company of act in this capacity. I jumy duties, and I am fail	further agree miliar with
laving been named as re esignated in this applica o comply with the provis nd accept the obligation 3. The name, title or cap. Title or Capacity:	tance: rgistered agent and to accept service tion. I hereby accept the appointment inns of all statutes relative to the proposition as registered agent. Registered agent. AMH HOLDINGS LTD 29 Parliament Street, 2nd Liverpool, UK, L8 5RN	on us registered oper and comple Control (sugnature) to has/have autho	the above stated lim agent and agree to to performance of i	ited liability company of act in this capacity. I jumy duties, and I am fail	AND FILED 3:
laving been named as recignated in this applicate or comply with the provision duccept the obligation. 3. The name, title or cap. Title or Capacity: AMBR. Use attachments if neces.	tance: rgistered agent and to accept service rgistered agent and to accept service rtion. I hereby accept the appointment ions of all statutes relative to the pro- s of my position as registered agent. Registered ag acity and address of the person(s) who Name and Address: AMH HOLDINGS LTD 29 Parliament Street, 2nd Liverpool, UK, L8 5RN sary) of existence, no more than 90 days of which it is organized. (If the certif	ont us registered oper and comple Continue (signature) on has/have authorities of	the above stated limagent and agree to the performance of it performance of it performance is/ar r Capacity:	ited liability company of act in this capacity. If my duties, and I am fur duties, and I am fur SSEF ON ACT OF THE SEFE ON ACT	Carther agree miliar with AND FILED 3: 5% in the

Commonduealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That WIGWAM LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 19, 2017; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 8, 2018

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 181, 085924