

M19000001850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

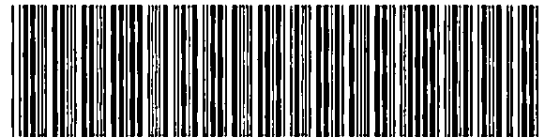
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W1900000 7443

Office Use Only



000322508050

01/18/19--01019--007 \*\*70.00

02/14/19--01006--001 \*\*57.00

CLERK OF THE COURT  
TALLAHASSEE, FL

2019 FEB 14 PM 2:21

FILED

100  
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2019

MRA WEST VENTURES  
AMIR WEST  
411 WALNUT STREET #14585  
GREEN COVE SPRINGS, FL 32043 US

SUBJECT: MRA WEST VENTURES LLC  
Ref. Number: W19000007443

We have received your document for MRA WEST VENTURES LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Corporation, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

The cost for filing a Foreign LLC is \$125.00. The balance due to complete your filing is \$55.00. Please make your check or money order payable to the Florida Department of State and include payment with your re-submission.

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.

Sterling R Abney  
Regulatory Specialist II

Letter Number: 619A00001694

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MRA West Ventures, LLC

\_\_\_\_\_  
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:

Amir West

\_\_\_\_\_  
Name of Person

MRA West Ventures

\_\_\_\_\_  
Firm/Company

411 Walnut Street #14585

\_\_\_\_\_  
Address

Green Cove Springs, FL 32043

\_\_\_\_\_  
City/State and Zip Code

mrawest@gmail.com

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

For further information concerning this matter, please call:

Amir West

716

8304168

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

## MAILING ADDRESS:

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

## STREET ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy



\$160.00 Filing Fee, Certificate  
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:

1. MRA West Ventures, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming 3. 412156902  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/31/18  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 411 Walnut St #14585 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

Green Cove Springs, FL 32043

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Amir West

Office Address: 411 Walnut St #14585

Green Cove Springs 32043  
(City) Florida (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.*

  
(Registered agent's signature)

FILED  
2019 FEB 14 PM 2:21  
TALLAHASSEE, FL

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

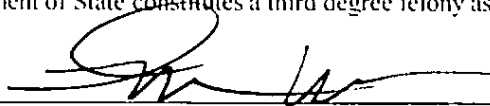
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Amir West		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	411 Walnut St #14585		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Green Cove Springs, FL 32043		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

FILED  
2019 FEB 14 PM 2:21  
CLERK OF DISTRICT COURT  
HALLSBEE, FL

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person  
  
Amir West  
\_\_\_\_\_  
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,

**MRA WEST VENTURES LLC**

is a


**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 9, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000627151**.

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 10th day of January, 2019 at 8:36 AM. This certificate is assigned 029365632.



  
Secretary of State