

W119000003354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

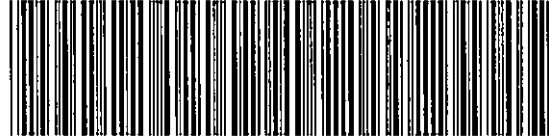
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-25704

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2019 APR -3 PM 2:03
TALLAHASSEE, FLORIDA
STATE OF FLORIDA
DEPARTMENT OF STATE

D. BRUCE
APR 03 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2019

WALTER WRIGLESWORTH III
78 RIKER AVE
SANTA ROSA BEACH, FL 32459

SUBJECT: WYZKYDS CONSULTING, LLC
Ref. Number: W19000025704

We have received your document for WYZKYDS CONSULTING, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 419A00005271

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wyzkyds Consulting, 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:

Walter Wrigglesworth III

Name of Person

Wyzkyds Consulting, LLC

Firm/Company

78 Riker Ave

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

ww3@wyzkydslc.com

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

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2019 APR -3 PM 2:03
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Walter Wrigglesworth III

520

271-8102

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. Wyzkyds Consulting, LLC
(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. Arizona 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 5151 E Broadway Blvd, Suite 1600 6. 5151 E Broadway Blvd, Suite 1600
(Street Address of Principal Office) (Mailing Address)

Tucson, AZ 85711 Mail Box 171
Tucson, AZ 85711

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

Name: Walter Wigglesworth III

Office Address: 78 Riker Ave

Santa Rosa Beach 32459
(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.

Walter Wigglesworth III
(Registered agent's signature)

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TALLAHASSEE FLORIDA

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Walter Wigglesworth III

☒ Member Address: 78 Riker Ave

☐ Authorized Santa Rosa Beach, FL 32459

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Walter Wigglesworth IV

☒ Member Address: 90 Saint Marks Place

☐ Authorized APT 1 - C

Person Staten Island, NY 10301

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Lynnette Moody

☒ Member Address: 78 Riker Ave

☐ Authorized Santa Rosa Beach, FL 32459

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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.

Walter Wigglesworth III

Signature of an authorized person

Walter Wigglesworth III

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

STATE OF ARIZONA



**Office of the
CORPORATION COMMISSION**

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

WYZKYDS CONSULTING, LLC

ACC file number: L16414636

was incorporated under the laws of the State of Arizona on 11/19/2010, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 03/29/2019



A handwritten signature in black ink, reading "Matthew Neubert".

Matthew Neubert, Executive Director