

**M19000003547**

\_\_\_\_\_  
(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:

*W19-32340*

Office Use Only



600326493646

03/25/19--01017--005 \*\*160.00

**FILED**  
2019 MAR 29 PM 1:34  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**B. BRUCE**  
APR 09 2019

April 4, 2019

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314  
Sent via Fax: 850-245-6030

**Ref. Number W19000032360**


**RE: Registration of Real Good Idea, a foreign LLC registered in the State of Washington**

To Whom It May Concern:

I received a letter (letter #319A0000352) saying I failed to include the Certificate of Existence with my mailed application to register with the state of Florida, Real Good Idea, LLC, (UBI 602 479 417), a foreign Limited Liability Company established in the jurisdiction of the State of Washington. I called today and was given this fax number to expedite the process.

Please find attached a cover letter, the application and the Certificate of Existence. A check was enclosed with the original letter for \$160, covering the filing fee, certificate of status and certified copy. I appreciate your prompt attention to this filing.

Sincerely,



Andrew Hopson  
CEO  
Real Good Idea, LLC  
688 SW 136<sup>th</sup> St.  
Newberry, FL 32669

312-550-2225

FILED  
2019 MAR 29 PM 1:34  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2019

ANDREW HOPSON  
688 SW 136TH ST.  
NEWBERRY, FL 32669

SUBJECT: REAL GOOD IDEA, LLC  
Ref. Number: W19000032360

We have received your document for REAL GOOD IDEA, 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) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 319A00006352

2019 MAR 29 PM 1:34  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

March 22, 2019

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

To Whom It May Concern:

Attached are the required forms and a check for \$160.00 to register Real Good Idea, LLC, (UBI 602 479 417), a foreign Limited Liability Company established in the jurisdiction of the State of Washington.

The enclosed payment is for the filing fee, certificate of status and certified copy. I appreciate your prompt attention to this filing.

Sincerely,

Andrew Hopson  
CEO  
Real Good Idea, LLC  
688 SW 136<sup>th</sup> St.  
Newberry, FL 32669

312-550-2225

FILED  
2019 MAR 29 PM 1:34  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Real Good Idea, 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:

Andrew Hopson  
\_\_\_\_\_

Name of Person

Real Good Idea, LLC  
\_\_\_\_\_

Firm/Company

688 SW 136th St.  
\_\_\_\_\_

Address

Newberry, FL 32669  
\_\_\_\_\_

City/State and Zip Code

andyhopson@yahoo.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Andrew Hopson  
\_\_\_\_\_

at ( 312 ) \_\_\_\_\_

550-2225

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

TALLAHASSEE, FL 32301

2019 MAR 29 PM 1:34

FILED

**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. Real Good Idea, 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. The State of Washington 3. 602479417  
(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. 688 SW 136th St. 6. 688 SW 136th St., Newberry, FL 32669  
(Street Address of Principal Office) (Mailing Address)

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

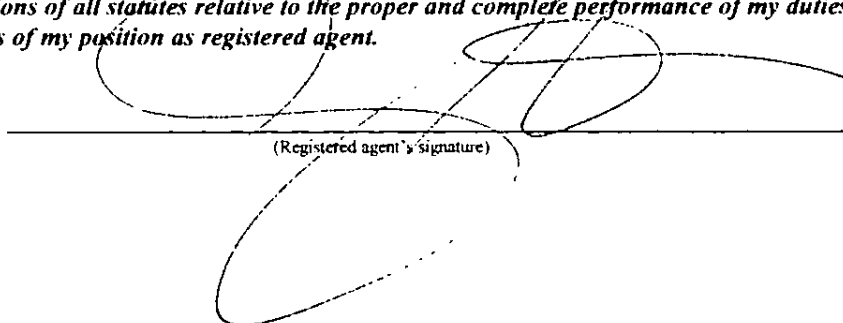
Name: Andrew Hopson

Office Address: 688 SW 136th St.

Newberry, Florida 32669  
(City) (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 MAR 29 PM 1:34  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
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: Andrew Hopson

☐ Member              Address: 688 SW 136th St

☐ Authorized              Newberry, FL 32669

Person \_\_\_\_\_

☒ Other CEO                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

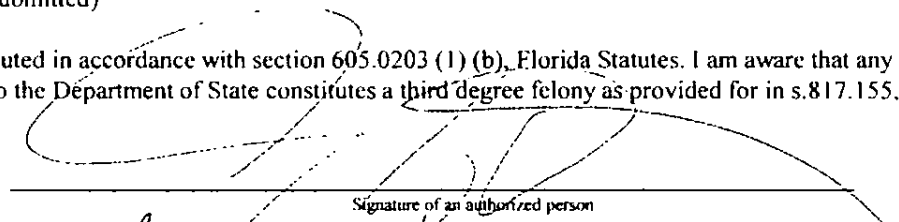
Person \_\_\_\_\_

☐ 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.

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)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information omitted 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  
Andrew Hopson  
\_\_\_\_\_  
Typed or printed name of signee

UNITED STATES OF AMERICA

**The State of Washington**



**Secretary of State**

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE**

OF

**REAL GOOD IDEA, L.L.C.**

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/22/2005.

**I FURTHER CERTIFY** that the entity's duration is 08/01/2050, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/21/2019  
UBI Number: 602 479 417



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Kim Wyman".

Kim Wyman, Secretary of State

Date Issued: 03/21/2019