M1900003734

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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W19-31109
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March 27, 2019

HEIDI HAMLOW PO BOX 582 BERBAKUKKI, NM 87004-0582

SUBJECT: SECONDMUSE, LLC Ref. Number: W19000031109

We have received your document for SECONDMUSE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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

2019 APR II THE INC.

Letter Number: 519A00006136

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	SecondMuse, LLC						
SOBJECT.		Name of	Limited Liability (Company			
The enclosed Existence, an	"Application by Fo	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tra	ansact Business y company to tra	in Florida," C ansact busines	ertificate of s in Florida
Please return	all correspondence	concerning this matter to the	following:				
	Heidi Hamlow						
	-	N	ame of Person				
	SecondMuse.	LLC					
	-	F	irm/Company			 _	
	PO Box 582						
			Address			20	
	Bernalillo, NN	1 87004-0582				2019 APT	71
	billing@second	·	tate and Zip Code			ASSET T	T T
For further in	formation concerni	E-mail address: (to be use ng this matter, please call:	d for future annual	report not	tification)	FLOWING A	2
Hei	di Hamlow		505 at (835375	53		
	Name	of Contact Person	Area Code	Day	time Telephone	Number	
Divi Reg P.O.	ILING ADDRESS ision of Corporation istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section duilding ecutive Center Cosee, FL 32301		
	check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	□ \$160.00 Fi of Status & C		

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:

Marrodo	many adapted to the purpose of franciscening destricts in	Florida. The alternate name must include "Limited	Liability Company, "L.L.C," or "ELC ")
Nevada		3. 27-3479562	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI	number, if applicable)
Jan 1, 2019			
	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to det	or to registration.) termine penalty liability)	2019 SAL
701 S. Carson St.		6. PO Box 582	
(Street Address of Stc. 200)	Principal Office)	(Mailing	Address)
Carson City, NV 8970	1-5239	Bernalillo, NM 87004-0	1502 505
		Demanno, IVM 67004-0	
Name and street addres	ss of Florida registered agent: (P.O. B	lov NOT accentable)	
		iox <u>(vor</u> acceptable)	
Name:	Jonathan Romine) A
Office Address:	2031 Jackson Street, Ste. 120		
	Fort Myers	, Florida 33901	
ving been named as re signated in this applica comply with the provis	(City)	of process for the above stated limi t as registered agent and agree to a	act in this capacity. I further
wing been named as re signated in this applica comply with the provis	(City) stance: egistered agent and to accept service of etion, I hereby accept the appointmen ions of all statutes relative to the prop	(Zip of process for the above stated limi of as registered agent and agree to e over and complete performance of n	ited liability company at the plact in this capacity. I further
ving been named as resignated in this applica comply with the provis. I accept the obligation	ctance: registered agent and to accept service of the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent)	(Zip of process for the above stated limit of as registered agent and agree to a over and complete performance of n over an accomplete performance of n	ited liability company at the pl act in this capacity. I further ny duties, and I am familiar w
wing been named as re signated in this applica comply with the provis, d accept the obligation	ctance: registered agent and to accept service of the appointment ions of all statutes relative to the property of my position as registered agent.	(Zip of process for the above stated limit of as registered agent and agree to a over and complete performance of n over an accomplete performance of n	ited liability company at the plact in this capacity. I further any duties, and I am familiar w
signated in this applicated in this applicated comply with the provised accept the obligation. The name, title or capaarity:	containce: Transce: Tran	of process for the above stated limit as registered agent and agree to a per and complete performance of not signature) has/have authority to manage is/are Title or Capacity:	ited liability company at the plact in this capacity. I further my duties, and I am familiar with the following duties. E: Name and Address:
ving been named as resignated in this applicationally with the provised accept the obligation. The name, title or capa	contance: Transce: Trans	of process for the above stated limit as registered agent and agree to a per and complete performance of notes it is signature)	ited liability company at the plact in this capacity. I further my duties, and I am familiar well. E: Name and Address: Carrie Freeman
rying been named as resignated in this applicational comply with the provised accept the obligation. The name, title or capation of the capation of the capacity:	chance: registered agent and to accept service of the appointment ions of all statutes relative to the properties of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Chad Badiyan	of process for the above stated limit as registered agent and agree to a per and complete performance of not signature) has/have authority to manage is/are Title or Capacity:	ited liability company at the plact in this capacity. I further my duties, and I am familiar with the following duties. E: Name and Address:
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Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SECONDMUSE**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 23, 2010, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 22, 2019.

Bollars K. Cegovske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20190222-1051