

MI9000004989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

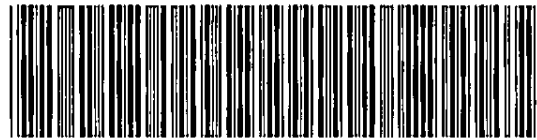
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/19--01003--001 **130.00

FILED
19 MAY 14 PM 4:39
CLERK OF COURT
JANET J. JACO

○ SIMMONS

MAY 20 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2019

ANDREW GEISLER
3505 AUTUMN COLORS DR
ELKO, NV 89801

SUBJECT: MAXWELL WELLINGTON LLC
Ref. Number: W19000040187

We have received your document for MAXWELL WELLINGTON LLC and your check(s) totaling \$1008.75. 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 LP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 119A00008242

RECEIVED

MAY 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maxwell Wellington 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 Geisler
Name of Person

Maxwell Wellington LLC
Firm/Company

3505 Autumn Colors Dr
Address

Elko NV 89801
City/State and Zip Code

Admiral83@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Geisler at (814) 598 7905
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**

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

I, the undersigned, being duly qualified to act as an agent for the purpose of registering foreign limited liability companies in Florida, do hereby certify that the foregoing is a true and correct copy of the application as filed with me.

Notary Public in and for the State of Florida

Notary Public in and for the State of Florida

Notary Public in and for the State of Florida

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Notary Public in and for the State of Florida

Notary Public in and for the State of Florida

FILED
19 MAY 4 PM 4:39
TALLAHASSEE, FLORIDA

I, the undersigned, being duly qualified to act as an agent for the purpose of registering foreign limited liability companies in Florida, do hereby certify that the foregoing is a true and correct copy of the application as filed with me.

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 type="checkbox"/> Manager	Name:	<u>Andrew Geisler</u>		<input type="checkbox"/> Manager	Name:	<u>Nadia Louhichi</u>	
<input checked="" type="checkbox"/> Member	Address:	<u>3505 Autumn Colors Dr</u>		<input checked="" type="checkbox"/> Member	Address:	<u>3505 Autumn Colors Dr</u>	
<input type="checkbox"/> Authorized	<u>Elko NV 89801</u>			<input type="checkbox"/> Authorized	<u>Elko NV 89801</u>		
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	

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.

Nadia Louhichi
Signature of an authorized person

Nadia Louhichi
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, **MAXWELL WELLINGTON, 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 July 2, 2018, 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 March 20, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190320-0459