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Foreign Limited Liability Company

Meghan's Market, LLC

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May 29, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PARASEC

SUBJECT: MEGHANS'S MARKET, LLC
REF: W19000051408

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Yvette Scott
Document Specialist II

FAX Aud. #: H19000170141
Letter Number: 919A00010746

**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. Meghan's Market, 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. WY 3. 2019-000851598
(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. 19046 Bruce B. Downs Blvd Ste 1193 6. 19046 Bruce B. Downs Blvd Ste 1193
(Street Address of Principal Office) (Mailing Address)

Tampa, FL 33647 Tampa, FL 33647

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

Name: Rocket Lawyer Corporate Services LLC

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301
(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.

NINH H, ASST. SECRETARY
(Registered agent's signature)

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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: Orca Management Group Inc.
☒ Member Address: 3225 McLeod Dr. Ste 100
☐ Authorized Person Las Vegas, NV 89121
☐ Other ☐ Other

☒ Manager Name: Dan Monzon
☐ Member Address: 19046 Bruce B. Downs Blvd Ste 1193
☐ Authorized Person Tampa, FL 33647
☐ Other ☐ Other

☒ Manager Name: Megan Monzon
☐ Member Address: 19046 Bruce B. Downs Blvd Ste 1193
☐ Authorized Person Tampa, FL 33647
☐ Other ☐ Other

Title or Capacity: Name and Address:
☒ Manager Name: Nathan Spells
☐ Member Address: 19046 Bruce B. Downs Blvd Ste 1193
☐ Authorized Person Tampa, FL 33647
☐ Other ☐ Other

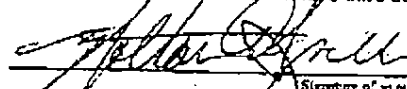
☒ Manager Name: Meghan Spells
☐ Member Address: 19046 Bruce B. Downs Blvd Ste 1193
☐ Authorized Person Tampa, FL 33647
☐ Other ☐ Other

☐ 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.



 Signature of an authorized person

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,

Meghan's Market, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 17, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000851598**.

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 14th day of May, 2019 at 9:27 AM. This certificate is assigned 031081724.



Edward A. Buchanan
Secretary of State