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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	,
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Section Division of Corporations						
SHRJE	Tompkins Family Wyoming, LLC						
SUBJECT: Name of Limited Liability Company							
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Busice, and check are submitted to register the above referenced foreign limited liability company						
Please	eturn all correspondence concerning this matter to the following:						
	Joshua O. Đorcey, Esq.						
	Name of Person	•					
	The Dorcey Law Firm, PLC						
	Firm/Company						
	10181-C Six Mile Cypress Pkwy	201					
	Address	9.5					
	Fort Myers, FL 33966	4 28					
	City/State and Zip Code registeredagent@dorceylaw.com	2019 KIN 28 PK 4: 12					
	E-mail address: (to be used for future annual report notification)	. 12					
For fur	ner information concerning this matter, please call:						
	Joshua O. Dorcey 239 418-0169						
	Name of Contact Person at () Name of Contact Person Area Code Daytime Telepi	none Number					
	MAILING ADDRESS:STREET ADDRESDivision of CorporationsDivision of CorporatRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142664 Executive Cem Tallahassee, FL 3230	ions er Circle					
		\$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.

(Name of Foreign	oming, LLC Limited Liability Company, must include "Limite	d Liability Company," "L.E.C	C ," or "LLC ")			_
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must mel	lude "Limited Liability (Company," 'L.L.	C," or "Li	(C ")
Wyoming Unrisdiction under the law of which toreign limited liability company is organized)		83-4629562				
(Jurisdiction under the law of w	nich toreign limited liability company is organized)	3(l·l:) number, if applicable)				
·	(Date lirst transacted business in Florida, if prior to a	runcleston i				
	(See sections 605 0904 & 605 0905, F.S. to determi	ne penalty liability)				
12548 Grandezza Cir. Estero, Fl. 33928		6	(Mailing Address)			_
		12548 Grandezza Cir.				
		Estero, FL 33928		Ŀij.	2019	_
	s of Florida registered agent: (P.O. Box	NOT acceptable)		- <u>- </u>	9 MAY 28	-
Name:	DLF Registered Agent Service, LLC			- 63	PH 4	C. D.
Office Address:	10181-C Six Mile Cypress Pkwy				: 2	
	Fort Myers	. Florida	33966			
	(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

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: Title or Capacity: Name and Address: Name: Brice Ray Tompkins ■ Manager Manager Name: ■Member Address: Member Address: ______ 12548 Grandezza Cir. Authorized Authorized Estero, FL 33928 Person Person Other__ Other___ Other____ Other____ Name: Hillary L. Tompkins Manager Manager Name: ____ Member Address: Member 12548 Grandezza Cir. ■Authorized Authorized Estero, FL 33928 Person Person Other Other____ Other___ ■ Manager Name: _____ ☐ Manager Name: _____ Member Address: _____ Member Address: _____ ■Authorized Authorized Person Person Other____ Other___ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

SS

SECRETARY OF STOATH ALLASIVE FOR

FILED

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Tompkins Family Wyoming, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on April 26, 2019, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2019-000853365.

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 13th day of May, 2019 at 9:21 AM.



Edward X. Bulann

Secretary of State

y Coal Convales

Rosalie Gonzales

Joshua O. Dorcey, Esq* Managing Partner

MICHAEL A. SCOTT. ESQ.
JUNIOR PARTNER
ERICA D. JOHNSON, ESQ.
JUNIOR PARTNER
BRIAN H. BRONSTHER. ESQ.**
SENIOR COUNSEL
KARA A. SAJDAK, ESQ.
MORRIS E. OSBORN, ESQ., LL.M.
OF COUNSEL

*also admitted in Alabama
**also admitted in New York



10181 Six Mile Cypress Pkwy - Suite C Fort Myers, Florida 33966 239-418-0169 Phone 239-418-0048 Fax

www.DorceyLaw.com

May 21, 2019

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Tompkins Family Wyoming, LLC
Certificate of Good Standing
Application by Foreign LLC

To Whom This May Concern:

Please find enclosed with this letter an original Certificate of Good Standing from the Wyoming Secretary of State for Tompkins Family Wyoming, LLC.

Please note, despite our request for the same, the Wyoming Secretary of State does not currently offer certified, embossed or gold stamped Certificates of Status. They have indicated to our office that when the person serving as Secretary of State is replaced with a new officer, all of their embossed certificates are disposed of, and in the interim, the original color documents we have enclosed with this letter serve as the replacements for the embossed documents. I have enclosed our correspondence with their office so that you may view what we requested, and what was received in return. As such, we appreciate your accepting it as an original certificate of status and evidence of the LLC's existence in Wyoming.

In addition, I have enclosed the application by foreign LLC for authorization to transact business in Florida, along with check #6170 totaling \$130.00.

If you require anything further, please contact our office at (239) 418-0169.

Sincerely,

Kara A. Sajdak, Esq.

enclosures

ELECTRONIC MAIL:

JOSH@DORCEYLAW.COM
MIKE@DORCEYLAW.COM
ERICA@DORCEYLAW.COM
BRIAN@DORCEYLAW.COM
KARA@DORCEYLAW.COM
MORRIS@DORCEYLAW.COM

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RECEIPT



Secretary of State 2020 Carey Avenue Cheyenne, WY 82002-0020

10181 SIX MILE CYPRESS PKWY STE C FORT MYERS, FL 33966

THE DORCEY LAW FIRM PLC

RECEIPT INFORMATION

Receipt #:

001640849

Receipt Date:

05/13/2019

Processed By: Rosalie Gonzales

DO NOT PAY! This is not a bill.

Reference Quantity **Unit Price** Total **Description of Charges** Certificate of Good Standing 1 \$10.00 \$10.0b

TOTAL CHARGES PAID

\$10.00

Amount **Description of Payment** Reference \$10.0b Payment-Check / Money Order 6169

TOTAL PAYMENT

\$10.00

In Reference To:

Tompkins Family Wyoming, LLC