

M190000006592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

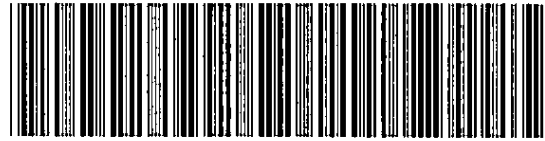
Special Instructions to Filing Officer:

*remove 1 name from
app & cover letter / name
must match cert*

7/9

W19000052493

Office Use Only



500328303465

05/20/19--01030--016 **125.00

EN 13
19 JUL - 2 PM 6:42
05/20/19 05:12:43
05/20/19 05:12:43

111
5.28.19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2019

LAURABELL LYSTER
4594 THORNWOOD CIRCLE
PALM BEACH GARDENS, FL 33419

SUBJECT: 2 ELEPHANTS LLC
Ref. Number: W19000052493

We have received your document for 2 ELEPHANTS 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):

You failed to make the correction(s) requested in our previous letter.

On the cover letter and line #1, please remove whichever name you do not want to use

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00012586

RECEIVED
JUL 08 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2019

LAURABELL LYSTER
4594 THORNWOOD CIRCLE
PALM BEACH GARDENS, FL 33419

SUBJECT: 2 ELEPHANTS LLC
Ref. Number: W19000052493

We have received your document for 2 ELEPHANTS 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):

On the cover sheet and line #1, please remove one of the names.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00011795

RECEIVED

JUN 20 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2019

LAURABELL LYSTER
4594 THORNWOOD CIRCLE
PALM BEACH GARDENS, FL 33419

*let's
mailed*

SUBJECT: 2 ELEPHANTS LLC
Ref. Number: W19000052493

We have received your document for 2 ELEPHANTS 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L19000034937.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 119A00010937

RECEIVED

JUN 10 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLL QRP, 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:

Laurabell Lyster

Name of Person

CLL QRP, LLC
Firm/Company

4594 Thornwood Circle

Address

Palm Beach Gardens, FL 33419

City/State and Zip Code

2elephantsllc@gmail.com

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

For further information concerning this matter, please call:

Laurabell Lyster

949

291-0597

Name of Contact Person

at ()

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

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. CLLQRP 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.")
Wyoming

2. _____
(Jurisdiction under the law or which foreign limited liability company is organized)

3. 83-4347423
(FEI number, if applicable)

5/2/19

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

4594 Thornwood Circle

4594 Thornwood Circle

5. _____
(Street Address of Principal Office)

Palm Beach Gardens, FL 33418

6. _____
(Mailing Address)

Palm Beach Gardens, FL 33418

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

Name: Laurabell Lyster

Office Address: 4594 Thornwood Circle

Palm Beach Gardens

33418

(City)

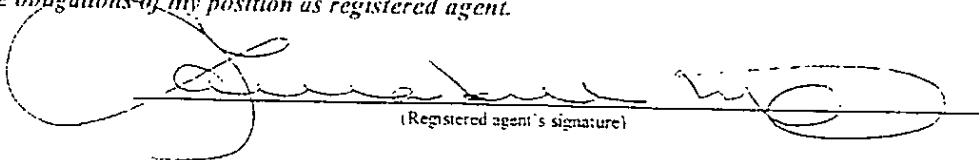
, Florida

(Zip code)

19 JUL 19 PM 6:43
FBI CD

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:
 Laurabell Lyster
☒ Manager Name: _____
 4594 Thornwood Circle
☐ Member Address: _____
 Palm Beach Gardens, FL 33418
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
 Charles Lyster
☒ Manager Name: _____
 4594 Thornwood Circle
☐ Member Address: _____
 Palm Beach Gardens, FL 33418
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

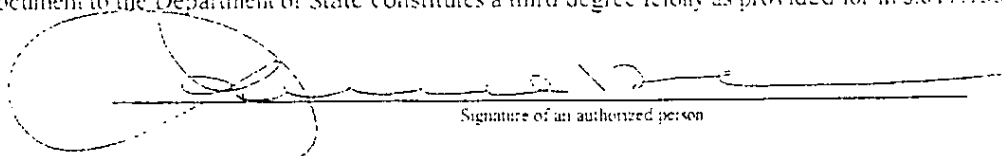
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ 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.

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
Laurabell Lyster

Typed or printed name of signer

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,

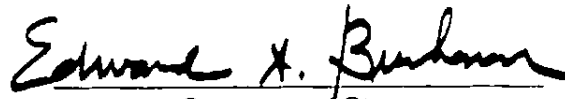
CLLQRP, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 25, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000838482**.

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 6th day of June, 2019 at 2:10 PM. This certificate is assigned 031383633.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.

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,

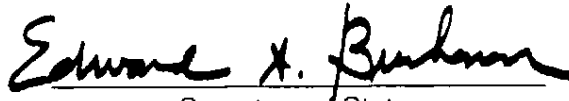
CLLQRP, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 25, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000838482**.

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 6th day of June, 2019 at 2:10 PM. This certificate is assigned 031383633.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.