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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

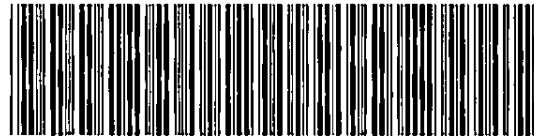
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 05 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2019

JASON HORSLEY  
2900 NW 130TH AVENUE #132  
SUNRISE, FL 33323

SUBJECT: 3-D LABS LLC  
Ref. Number: W19000072292

We have received your document for 3-D LABS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE GIVE THE ALTERNATE NAME AN LLC SUFFIX

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) 245-6051.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 519A00017116

RECEIVED

AUG 30 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2019

JASON HORSLEY  
2900 NW 130TH AVENUE #132  
SUNRISE, FL 33323

SUBJECT: 3-D LABS LLC  
Ref. Number: W19000072292

We have received your document for 3-D LABS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name that you have chosen is not available. Please select a new name.

The document number of the name conflict is P13000041232.

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: 319A00016203

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3D Labs 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:

Jason Horsley

Name of Person

3D Labs LLC

Firm/Company

2900 NW 130th Ave, #132

Address

Sunrise, FL 33323

City/State and Zip Code

jason@wechangelivesdaily.com

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

For further information concerning this matter, please call:

Jason Horsley

Name of Contact Person

at ( 954 )

Area Code

330-1993

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

2019 AUG 30 PM 4:35

FILED

Enclosed is a check for the following amount:

- ☐ \$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

RECEIVED

AUG 1 9 2019

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

I, 3D Labs LLC, HEREBY CERTIFIES THE FOLLOWING INFORMATION: REGISTRY OF FOREIGN LIMITED LIABILITY COMPANIES TO DO BUSINESS IN THE STATE OF FLORIDA

1. 3D Labs LLC

Name of foreign limited liability company must include "limited liability company" or "LLC"

3D Labs LLC

2. Name and address of principal office for the purpose of transacting business in Florida. The alternate name must include "limited liability company" or "LLC"

State of Wyoming

84-2471874

Jurisdiction under the law of which registrant's limited liability company is organized

File number, if applicable

3. LLC

Date first transacted business in Florida, if prior to registration.  
(See sections 605.0641 & 605.0642, F.S., to determine penalty liability.)

30 N. Gould St., Suite R

12717 West Sunrise Blvd

Street Address of Principal Office

Operating Address

Sheridan, WY 82801

Suite 240

Sunrise, FL 33323

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

Name: Jason Horsley

Office Address: 2900 NW 130th Ave, #132

Sunrise

Florida 33323

(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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are.

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Managing Member

Jason Horsley

2900 NW 130th Ave, #132

Sunrise, FL 33323

(Use attachments if necessary.)

9. Attached is a certificate of existence, not 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 605.0205 (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 817.153, F.S.

Jason Horsley

(Print or printed name of agent)

2019 AUG 30 PM 4:35

FILED

**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,

**3D Labs, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 23, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000817632**.

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 27th day of August, 2019 at 3:42 PM. This certificate is assigned 032424228.



  
Secretary of State