# PAGE PI13

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SECRETARY OF STATE STALLAHASSEE, FLORIDA

Y SCOTT SEP 23 2018



### COVER LETTER

r.

TO:

TO:	Registration Section Division of Corporations
SUBJ	you matter marketing, LLC CT:
	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, 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:
	Jessica M. W. Heston
	Name of Person
	Jessica M. Wojtowicz, P.C.
	Firm/Company SE TI
	Firm/Company  1580 N Northwest Hwy, STE 120  Address  Address
	Address P
	Park Ridge, IL 60068  City/State and Zip Code
	City/State and Zip Code 5m N
	jessica@jmwławoffices.com
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Jessica M. W. Heston 224 612-7052 at ( )
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status & 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:

me unavadable, enter alternate d	same adopted for the purpose of transacting business in Flor	ida, The alternate maine must include "Limited Liability Company," "L.L.C," or "LLC.
√yoming		84-2768491
Durisdiction under the law of w	hich foreign limited liability company is organized)	(FEI murber, italphicable)
·	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	registration.)
080 Woodcock Road		1080 Woodcock Road
(Street Address of E	Principal ()Hice)	6. (Mailing Address)
uite 151		Suite 151
Orlando, FL 32803		Orlando, F1. 32803
laine and <u>street addres</u> Name:	SS of Florida registered agent: (P.O. Box  Wayne Elsey	NOT acceptable)
Office Address:	1080 Woodcock Road, Suite 151	
	Orlando	32803 , Florida
gnated in this applica omply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as	(Zip code) rocess for the above stated limited liability company at the registered agent and agree to act in this capacity. I furthe and complete performance of my duties, and I am familiar

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: Wayne Elsey Kristy Fontelera Manager Manager Name: 1080 Woodcock Rd 664 W Comstock Ave Address: ☐ Member Address: Suite 151 Authorized Authorized Orlando, FL 32803 Winter Park, FL 32789 Person Person Other Other Other Manager Manager Name: Member Address: ☐ Member Address: Authorized Authorized Person Person Other\_ Other\_\_\_\_ Other\_\_ Other Manager Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_ Member Address: Member Address: ■Authorized ☐ Authorized Person Person Other 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 possible for in 217.155, F.S.

Typed or printed name of signee

Wayne Elsey

# 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,

## you matter marketing, LLC

is a

# **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 13**, **2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000870555**.

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 Gheyenne, Wyoming on this 9th day of September, 2019 at 9:20 AM. This certificate is assigned 032559225.

PM 3: 12

OF STATE

OF STATE

E. FLORIDA

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.