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## COVER LETTER

TO: Registration Section	• •
Division of Corporations  AIMPSOME GADG	et Hubilic
SUBJECT: Name of Limited Liability Co	ompany
The enclosed "Application by Foreign Limited Liability Company for Authorizati Existence, and check are submitted to register the above referenced foreign limited."	ion to Transact Business in Florida," Certificate of d liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:	THE SECOND
Name of Person	am & B
AWESOME GAT	SET HOBILC
6674 Coopers H	lawk Ct.
Lakewood Ranch City/State and Zip Code-	H34202
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
Name of Contact Person at (941  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
— v122.000 11g. == 0	Filing Fee & S160.00 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:
AWESOME GARGET HUG IIC
(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," "LLC," or "LLC,")
2. (Figures decision under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable) = ,
4. (Dute first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. 1510 Stickney Dt. Rel #406 6. 6. 6674 Coopers Hawk (Mailing Address)
Sarasota, Florida Lakewood Ranch, FL
34231 34202
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Jim Dotnam
Office Address: 1510 Stickney Ptrd. #406
SarasotA, Florida 3423 / (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)

itle or Capacity:	Name and Address:	Title or Capacity:	Name and Address
]  Manager	Name: Jim Potnam	☐ Manager	Name:
]Member	Address: 4674 Coppers Hawk Ct	∩ ☐ Member	Address: S
Authorized	Lakewood Rarch, Flores	Authorized	
Person	34262	Person	P. P.
Other	Other	Other	<u> سو سو</u>
			<u> </u>
]Manager	Name:	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
nportant Notice: L	se an attachment to report more than six (6). The may be added to the index when filing your Floric	attachment will be ima	aged for reporting purposes only. No

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Signature of an authorized person

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

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

#### **Awesome Gadget Hub LLC**

is a

#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on August 22, 2019, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2019-000872246.

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 22nd day of August, 2019 at 12:53 PM. This certificate is assigned 032365324.

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.