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(Address)

(City/State/Zip/Phone #)

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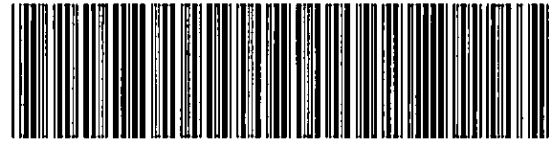
(Business Entity Name)

(Document Number)

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2019 OCT 17 PM 3:42

OCT 25 2019
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRADERCLONE, 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:

WADE BOYETTE, ESQ.
Name of Person
BOYETTE, CUMMINS & NAILOS
Firm/Company
1635 E. HIGHWAY 50, STE. 300
Address
CLERMONT, FL 34711
City/State and Zip Code
TRADER@TRADERCLONE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONNIE GIBSON 352 394-2103
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. TRADERCLONE, 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.")

2. IOWA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 48-1275652

(FEI number, if applicable)

4. 10/1/19

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

5. 5793 HENRY LOOP

(Street Address of Principal Office)

6. 5793 HENRY LOOP

(Mailing Address)

VILLAGES OF LINDEN ISLES, FL 32163

VILLAGES OF LINDEN ISLES, FL 32163

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

Name: JERRY GERLACH

Office Address: 5793 HENRY LOOP

VILLAGE OF LINDEN ISLES, Florida 32163
(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.

Jerry Gerlach
(Registered agent's signature)

2018 OCT 17 PM 3:40

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:**

☒ Manager Name: JERRY GERLACH
☐ Member Address: 5793 HENRY LOOP
☐ Authorized VILLAGE OF LINDEN ISLES, FL 32111
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

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

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

☐ Manager Name: _____
☐ Member Address: _____
☐ 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

Typed or printed name of signee

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 10/15/2019

Name: TRADERCLONE, LLC (489DLC - 268402)

Date of Incorporation: 8/9/2002

Duration: 8/9/2052

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS179710

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State