# 1119000000376

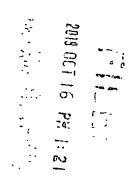
(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone #	<del>f</del> )
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Name	·)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. BRUCE DCT 26 TOB

#### **COVER LETTER**

.

TO:	Registration Section Division of Corporations						
SUBJI	NOW CFO Florida, LLC						
		Name of Li	mited Liability (	Company			
	closed "Application by Foreign ice, and check are submitted to r						
Please	return all correspondence conce	rning this matter to the fo	llowing:				
	Ben Nelson						
	<del></del>	Nam	ie of Person		-		
	NOW CFO, LLC						
		Firm	1/Company				
	5251 S. Green Stree	t, Suite 350					
	<del> </del>		Address				
	Murray, UT 84123						
	<del> </del>	City/Stat	e and Zip Code				
	bnclson@nowcfo.com	า					
	E-n	nail address: (to be used f	or future annua	report notification)	<u>.</u>	2	
For fur	ther information concerning this	matter, please call:			٠,		42°# 0
	Ben Nelson		801 at (	664-0971			thinker Sweet
	Name of Cor		Area Code	Daytime Telephone Nur	nber	e. O	
	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 fol Please make check payable to		IENT OF STA	TE			
	\$125.00 Fiting Fee	\$130.00 Filing Fee & Certificate of Statu		Filing Fee & \$160.00 of Status	-		

## 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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florid	a. The alter	nate name must include "Limited Liabili	ty Company," "L.L.C," or	r "LLC.")
Utah		3	84-2691813		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٠	(FEI number,	if applicable)	<del></del>
October 1, 2019					
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	istration.) penalty lial	bility)	<del></del>	
5251 S. Green Street		_			
(Street Address of I	Principal Office)	6	(Mailing Address	s)	
Suite 350					
		_	- <del></del>	<u> </u>	17.0 17.0
Мигтау, UT 84123					
	<del></del>	_		<u> </u>	<u>i</u>
Name and street address	ss of Florida registered agent: (P.O. Box ]	NOT acc	ceptable)	• • • •	<u></u>
				•	- j
	Jim Bennett			•	<del></del>
Name:			<del></del>		<b>∼</b>
Office Address:	701 S. Howard Ave, Suite 106-353				
Office Hadress.	7				
	Tampa		33606 , Florida		
•	(City)		(Zip code)		

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: Jim Bennett Manager Manager Name: \_\_\_\_\_ 5251 S. Green Street Member Address: Member Address: Suite 350 Authorized Authorized Murray, UT 84123 Person Person Other Other\_\_\_\_\_ Other Other\_\_\_\_ Manager Name: Manager Manager Name: \_\_\_\_\_ Member Address: Member Address: Authorized Authorized Person Person Other Other\_\_\_\_ Other\_\_\_ Other\_ Manager Name: Manager 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 provided for in s.817.155, F.S. Jim Bennett

Typed or printed name of signee



#### **Utah Department of Commerce**

#### Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Saft Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

10/02/2019 11397470-016010022019-317993

### CERTIFICATE OF EXISTENCE

Registration Number:

11397470-0160

**Business Name:** 

NOW CFO FLORIDA, LLC

Registered Date:

July 25, 2019

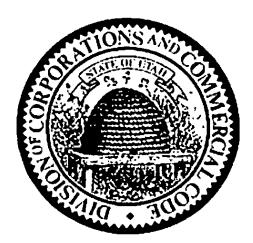
**Entity Type:** 

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jan Shup

Jason Sterzer
Director
Division of Corporations and Commercial Code