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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

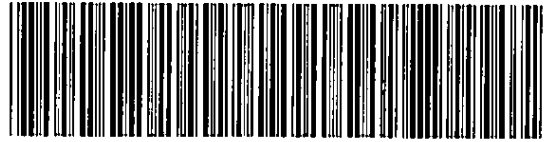
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W1900009588
Code: 00643

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10/23/19--01011--030 **125.00

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2019 NOV 15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2019

CHANDRA DAYLAND
27010 EDENROCK CT
BONITA SPRINGS, FL 34135

SUBJECT: FULL OF SURPRISES LLC
Ref. Number: W19000095888

We have received your document for FULL OF SURPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 219A00022364

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full of Surprises 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:

Chandra Dayland
Name of Person

Cinnamon Coast
Firm/Company

27010 Edenrock Ct
Address

Bonita Springs, FL 34135
City/State and Zip Code

cleardayland@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clear Dayland at (612) 987-2551
Name of Contact Person 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

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OFFICE OF THE
CLERK OF THE
SUPREME COURT

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. Full of Surprises 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. New Mexico
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2546821
(FEI number, if applicable)

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

5. 1012 Marquez Place
(Street Address of Principal Office)

6. 5725 157th St NW
(Mailing Address)

Suite 106 B

Hugo, MN 55038

Santa Fe, NM 87505

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

Name: Chandra Dayland

Office Address: 27010 Edenrock Ct

Benita Springs, Florida 34135
(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.

Chandra Dayland
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Clear Dayland</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>5725 157th St N</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Hugo, MN 55038</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Chandra Dayland</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>27010 Edenrock Ct</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Bontia Springs, FL</u>	<input type="checkbox"/> Authorized Person	_____
	<u>34135</u>		

<input checked="" type="checkbox"/> Other	<u>Secretary</u>	<input type="checkbox"/> Other	_____
	<u>Registered Agent</u>		

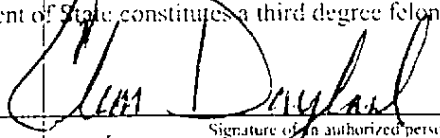
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 11-15-19

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
Clear Dayland

 Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE

NEW MEXICO

Certificate of Organization

OF

Full of Surprises, LLC

5911273

New Mexico

The Office of the Secretary of State certifies that the Articles of Organization, duly signed and verified pursuant to the provisions of the

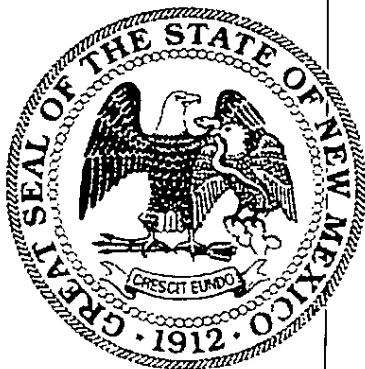
Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

have been received and are found to conform to law. Accordingly, by virtue of the authority vested in it by law, the Office of the Secretary of State issues this Certificate of Organization and attaches hereto a duplicate of the Articles of Organization.

Dated: **May 22, 2019**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

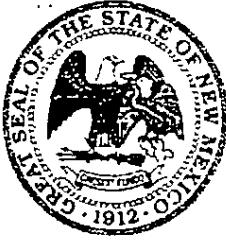


Maggie Toulouse Oliver

Maggie Toulouse Oliver
Secretary of State

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OFFICE OF THE SECRETARY OF STATE
 NEW MEXICO

Limited Liability Company

ONLINE ARTICLES OF ORGANIZATION

The undersigned, acting as organizer(s) of a Limited Liability Company pursuant to the New Mexico Limited Liability Company Act, adopt the following Articles of Organization:

ARTICLE ONE: The name of the Limited Liability Company is:

Full of Surprises, LLC

ARTICLE TWO: The period of duration is: Perpetual

ARTICLE THREE:

(1) The name of the initial registered agent at the address is:

Name of Entity Appointed Registered Agent
INCORP SERVICES, INC.

(2) The New Mexico street address of the company's initial registered agent is:

Type	Address	City	State	Zip	Country
Physical Address	1012 MARQUEZ PLACE STE 106-B	Santa Fe	NM	87505	USA

(Post Office Box is not acceptable. Provide a description of the geographical location if a street address does not exist.)

(3) The street address of the company's principal place of business, if different from its registered agent's address is:

Address	City	State	Zip	Country
27010 Edenrock Court	Bonita Springs	FL	34135	USA


(4) The mailing address of the Limited Liability Company is:

Address	City	State	Zip	Country
NONE	NONE	NONE	NONE	USA

Email Address: agent@mycompanyworks.com

Phone: NONE

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 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 07-29-2019

Employer Identification Number:
84-2546821

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

FULL OF SUPRISES LLC
CLEAR DAYLAND SOLE MBR
5725 157TH ST N
HUGO, MN 55038

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER.

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-2546821. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is FULL. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

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(IRS USE ONLY) 575G

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Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 G

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 07-29-2019
EMPLOYER IDENTIFICATION NUMBER: 84-2546821
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
██

FULL OF SUPPRISES LLC
CLEAR DAYLAND SOLE MBR
5725 157TH ST N
HUGO, MN 55038

Limited Liability Company

**ONLINE STATEMENT OF ACCEPTANCE OF APPOINTMENT
BY DESIGNATED INITIAL REGISTERED AGENT**

I,

INCORP SERVICES, INC.

hereby acknowledges and accepts the appointment as the Initial Registered Agent of, **Full of Surprises, LLC** the limited liability company which is named in the annexed Articles of Organization.

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Statement of the Organizer

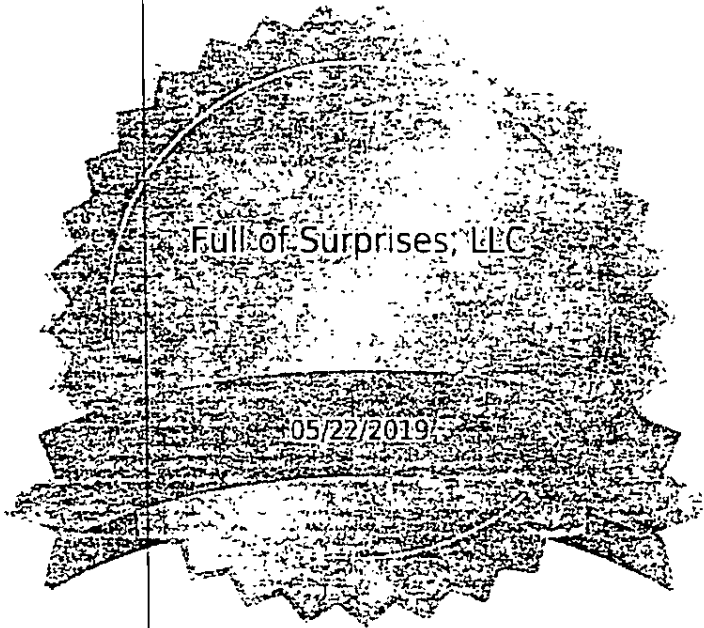
Purpose: A document which names and identifies the initial members of this Limited Liability Company (LLC).

Company Name: Full of Surprises, LLC

Formation Date: 05/22/2019

Order #: 255892

Document Generated Time-stamp: May 23, 2019 11:54



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Business Entity Filed by: MyCompanyWorks, Inc., a Nevada Corporation
NV Business ID: NV20021371719
Clark County Business License: 2000346-543
Federal Employer Identification Number: 31-1817042
support@mycompanyworks.com
<https://www.mycompanyworks.com>
Direct: 702-362-2677
Toll-Free: 800-326-1362



MyCompanyWorks

Statement of the Organizer

The undersigned, being the Organizer of Full of Surprises, LLC, a limited liability company formed in the state of New Mexico, confirms the following individuals or entities are members of the limited liability company: Name and address of each initial member:

Clear Dayland
27010 Edenrock Court, Bonita Springs, Florida 34135, United States of America

Additionally, the undersigned hereby tenders his or her resignation as the Organizer and from any and all involvement with, control of, or authority over the LLC, real or perceived, effective immediately.

Dated: May 23, 2019



Ed Tsuji, Organizer

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unanimously carried, the meeting was adjourned.

Chris Dyll
Secretary

Dated:

Members:

Clear Dayland
Clear Dayland

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