## M19000011786

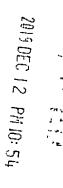
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Permission from 14st Laura McGulte to add advess/bus name to cover sheet; delete Personal on sib 12/12/19

Office Use Only



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#### COVER LETTER F

TO: Registration Section Division of Corporations			
Illyria Capital, LLC SUBJECT:			
SOBJECT.	Name of Limited Liability (	Company	
The enclosed "Application by Foreign Limited E. Existence, and check are submitted to register the	liability Company for Authoriza e above referenced foreign limit	tion to Transact Business in Floric ed liability company to transact bu	da." Certificate of usiness in Florida.
Please return all correspondence concerning this	matter to the following:		
Robert Macklin			
	Name of Person		<del></del>
INCORP Se	Firm Company		_
919N Mar	Ket Street	, Suite 950	
Wilmington, DE 19801			
	City/State and Zip Code		_
iameti@tllyriacapital.com			
E-mail addres	ss: (to be used for future annual	report notification)	<del></del>
For further information concerning this matter, p	lease call:		201
Robert Macklin	920 	996-0000	2019 DEC 12
Name of Contact Perso		Daytime Telephone Numbe	7 72
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Ft. 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301	PH 10: 54
Enclosed is a check for the following an Please make check payable to: FLORII	nount: DA DEPARTMENT OF STAT	TE.	
	O Filling Fee & S155.00 tiffcate of Status Certific		ng Fee. Certificate Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLENCE WHITSECTION 0050002, FLORIDESTLETUTES, THE FOLLOWING IS SUBMITTED TO REGISTER: A FOREIGN TIMITED LEABILITY COMPANYTO TRANSACT BUSINESS AND THE STATE OF FLORIDES.

Delaware				
		84-3355543		
charsdeenon under the saw of which	it foreign binated hability company is organized)	G.E. (G.E. marber, if a	pplicable)	<del></del>
	Our first transacted business in Florida, it prior to Over sections 605 0901 & 605 1605 F.N. to determine	registration ) use penalty hability (	<u>-</u>	
Offset Address of Prin	cont (10 cos	G. (Mailing Mercs)	- <u></u>	
		(Vailing Address)		
8021 Citrus Park Town C	enter	6022 Parkside Meadow Drive		
Tampa, Fl. 33625		Tampa, FL 33625		
Name and street address of	of Florida registered agent: (P.O. Box	NOT acceptable)		2019
\ame:	lirian Ameti		·	DEC I
Office Address:	2021 Citrus Park Town Center		ı	2 PH 10:
7	Гатра	33625 	<u>.</u> :	10: 5
_	16 165	Mip code:	-	Ť

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: Hirian Ameti Manager Name: \_\_\_\_\_\_ 6022 Parkside Meadow Drive Address: Member Address: 💆 Member Tampa, FL 33625 ■Authorized Authorized Person Person Other Other\_\_\_\_  $\square$ Other $\_$ Other\_\_\_\_ Manager Name: Manager Manager Name: ☐Member Address: \_\_\_\_\_ Member Address: Authorized Authorized Person Person  $\square$ Other $\_$ Other\_\_\_\_ Other\_ Other Manager Name: \_\_\_\_\_\_ ☐Member Address: Member Address: \_\_\_\_\_\_ Authorized Authorized Person Person Other Other\_\_\_\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes on 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 \$.817.155, F.S.

Typed or printed name of scriee

llirian Ameti, Sole Member

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT "ILLYRIA CAPITAL, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR
REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY
AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SIXTEENTH DAY OF OCTOBER,
A.D. 2019, AT 9:23 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILLYRIA CAPITAL, LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2019 DEC 12 PH 10: 54

TATES OF THE PARTY OF THE PARTY

Authentication: 203942010

Date: 11-05-19

7609911 8315 SR# 20197793566



### State of Belaware

SECRETARY OF STATE **DIVISION OF CORPORATIONS** P.O. BOX 898 DOVER, DELAWARE 19903

8318921 EPIPHANY LAW, LLC 2800 E. ENTERPRISE AVE APPLETON, WI 54913

11-05-2019

	AMOUNT	
Certification Fee	\$175.00	
TOTAL CHARGES	\$175.00	
TOTAL PAYMENTS	\$175.00	
RALANCE	\$0.00	
	TOTAL CHARGES	

2019 DEC 12 PH 10: 54



November 12, 2019

#### SENT VIA CERTIFIED MAIL

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Foreign Registration Applications

To whom it may concern.

Attached for filing are the Foreign Registration Applications and Certificates of Good Standing for Illyria Capital, LLC and xCell Mobile, LLC. Also, attached please find two (2) checks in the amount of \$125.00 each for the filing fees.

If you have any questions or comments, please contact me at (920) 996-0000.

Yours truly.

EPIPHANY LAW, LLC

Attorney at Law

rmacklin@epiphanylaw.com

RLM/baw Enclosures DEC 12 PH 10: 5L

8 \clients\fffyria Capital, LLC\frac{\text{Entity}}{2019} 1:10 PM