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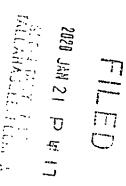
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MISD TO T



December 20, 2019

RICHARD HAYS 115 W GORE ST ORLANDO, FL 32806 US

SUBJECT: NOMICS LLC Ref. Number: W19000110417

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

You failed to make the correction(s) requested in our previous letter.

We have received your document for NOMICS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 319A00026005

COVER LETTER

Registration Section

TO:

	Nomics LLC								
SUBJECT:	Name of Limited Liability Company								
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Fland check are submitted to register the above referenced foreign limited liability company to transact								
Please return	in all correspondence concerning this matter to the following:								
	Richard Hayes								
	Name of Person								
	Hayes & Varga CPA								
	Firm/Company								
	115 W Gore St								
	Address								
	Orlando FL 32806								
	City/State and Zip Code								
	rhayes@hayesvarga.com								
	E-mail address: (to be used for future annual report notification)								
For further i	information concerning this matter, please call:								
Rie	tichard Hayes 407 894-6722 at ()								
	Name of Contact Person Area Code Daytime Telephone Nur	mber							
Di Re P.C	IAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsLegistration SectionRegistration SectionLO. Box 6327Clifton BuildingCallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	с							
	inclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE								
	S125.00 Filing Fee	Filing Fee, Certificates & 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	me adopted for the purpose of transacting business in Flo						
name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	rida. The a	liemate name must include "Limi	ted Liability Co	ուրսոչ," "l	lC," or "Ll	
New Mexico		,	84-3184533				
(Jurisdiction under the law of which foreign limited hability company is organized)		3. (Filt number, if applicable)					
			176		_		
	(Date first transacted business in Florida, if prior to (Sec sections 605,0904 & 605,0905, F.S. to determ	ne penalty	i.) Tiability)				
530-B Harkle Road Ste		6.	115 W Gore St				
(Street Address of Principal Office)			(Mailing Address)				
Santa Fe, NM 87505			Orlando, FL 32806		2020		
				H DA	2020 JAN 2	11	
Name and street address	s of Florida registered agent: (P.O. Box	(<u>NOT</u>	acceptable)		E E	J	
Name:	Richard Hayes	_		©-3 >>	=		
Office Address:	115 W Gore St						
	Orlando (City)		3280 , Florida	6	_		
	(City)			(Zip code)			

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)

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: Richard Hayes Manager ☐ Manager Name: Address: __ ■Member Member | Address: Orlando, FL 32806 Authorized Authorized Person Person Other Other Other Other____ Manager Name: Manager Address: ____ Member Address: Member Authorized Authorized Person Person Other____ Other___ Other___ Other____ 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. Signature of an authorized person Richard Haves

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

Nomics LLC 6010350

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

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

having filed its Articles of Organization on September 26, 2019, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: December 5, 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.

SEAL SESTION OF THE STATE OF TH

Maggie Joulouse Oliver
Secretary of State

RECEIVED

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

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Certificate Issued: December:5, 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.

SEAL OF THE SEAL O

Maggie Joulouse Oliver
Secretary of State

RECEIVED

Certificate Validation #: 0033865

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at https://portal.sos.state.nm.us/bfs/online and following the instructions displayed under Certificate Validation.