

Madagascar 2011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

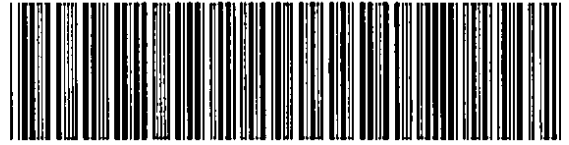
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/13/20--01020--022 **160.00

2020 MAR 13 P 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 18 2020
T. LEHEUX

COVER LETTER

TO: Registration Section
Division of Corporations
Acquired Development LLC

SUBJECT: _____
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:

Lauren Rinebold

Name of Person

Acquired Development LLC

Firm/Company

2222 Sedwick Rd

Address

Durham, NC 27713

City/State and Zip Code

lrinebold@elglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Rinebold

919

884-0380

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:

Acquired Development, L.L.C.

1. _____
(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.")

WY

81-4175029

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

3. _____
(FEI number, if applicable)

4/1/2020

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

1712 Pioneer Ave

2222 Sedwick Rd

5. _____
(Street Address of Principal Office)

Ste 115

6. _____
(Mailing Address)

Durham, NC 27713

Cheyenne, WY 82001

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

Bubby Rodriquez

Name: _____

81 Cannon Royal Dr

Office Address: _____

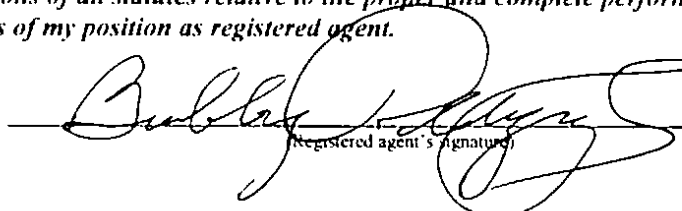
Key West

33040

_____, Florida _____
(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.




(Registered agent's signature)

FILED
2020 MAR 13 P 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<p><u>Title or Capacity:</u></p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input checked="" type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><u>Title or Capacity:</u></p> <p><input checked="" type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>
<p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>
<p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>

10. This document is executed in accordance with section 605.0205 (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.

Subscribed in accordance with section 605.0205 (1) (b), Florida Statutes, I am aware that the Department of State constitutes a third degree felony as provided for in s.817.



Signature of an authorized person

Signature of an authorized person

Greg Lindberg, Member

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

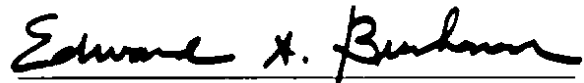
Acquired Development LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 16, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000717650**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of March, 2020 at 8:12 AM. This certificate is assigned ID Number 035210420.




Secretary of State