M20000005243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

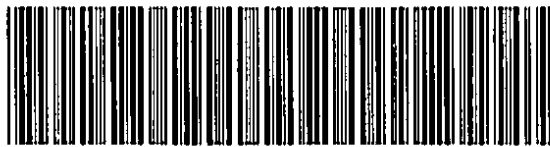(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

6/15 LDC

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COVER LETTER

TO: Registration Section -
Division of Corporations

SUBJECT: __AMFLUENT 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:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON   at (_____)   888-462-3453

Name of Contact Person   Area Code   Daytime Telephone Number

MAILING ADDRESS: **STREET ADDRESS:**
Division of Corporations   Division of Corporations
Registration Section   Registration Section
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   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 &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee, Certificate
                          Certificate of Status   Certified Copy   of Status & Certified Copy

FILED 20 JUN -8 AM 9: 44

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. **AMFLUENT 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. **WYOMING**
   (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
   (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. **312 W. 2ND STREET, #1486**
   (Street Address of Principal Office)

   CASPER, WYOMING 82601

6. **312 W. 2ND STREET, #1486**
   (Mailing Address)

   CASPER, WYOMING 82601

FILED 20 JUN -8 AH 9: 44

Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)

Name: **LEGALINC CORPORATE SERVICES INC.**

Office Address: **5237 SUMMERLIN COMMONS, SUITE 400**

FORT MYERS
(City)

, Florida **33907**
(Zip code)

gistered agent's acceptance:
ving been named as registered agent and to accept service of process for the above stated limited liability company at the place ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ' 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:
☐Manager	Name: JHONSEL COLLADO	☐ Manager	Name: _____
■Member	Address: 312 W. 2ND STREET	☐ Member	Address: _____
☐Authorized	#1486	☐ Authorized	_____
Person	CASPER, WYOMING 82601	Person	_____
☐Other_____	☐Other_____	☐Other_____	☐Other_____

]Manager	Name: _____	☐ Manager	Name: _____
]Member	Address: _____	☐ Member	Address: _____
]Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
Other_____	☐Other_____	☐Other_____	☐Other_____

Manager	Name: _____	☐ Manager	Name: _____
Member	Address: _____	☐ Member	Address: _____
.uthorized	_____	☐ Authorized	_____
erson	_____	Person	_____
ther_____	☐Other_____	☐Other_____	☐Other_____

rtant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-ed individuals may be added to the index when filing your Florida Department of State Annual Report form.

ached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the ction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath translator must be submitted)

is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jhonsel Collado

Signature of an authorized person

JHONSEL COLLADO

Typed or printed name of signee

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,
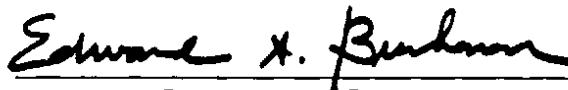
AMFLUENT LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 15, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000917161**.

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 3rd day of June, 2020 at 12:07 AM. This certificate is assigned ID Number 037085729.

Edward A. Buchanan
_____
Secretary of State