

Ma000005379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

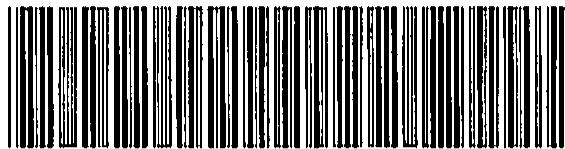
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: POM Ventures, 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:

Douglas Goldin

Name of Person

Liberis Law Firm

Firm/Company

212 W. Intendencia St.

Address

Pensacola, FL 32502

City/State and Zip Code

cliberis@liberislaw.com

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

For further information concerning this matter, please call:

Douglas Goldin

850

438-9647

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:

1. POM Ventures, 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. _____
(FEL 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. 8 Colley Drive
(Street Address of Principal Office)

6. 8 Colley Drive
(Mailing Address)

Gulf Breeze, FL 32561

Gulf Breeze, FL 32561

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

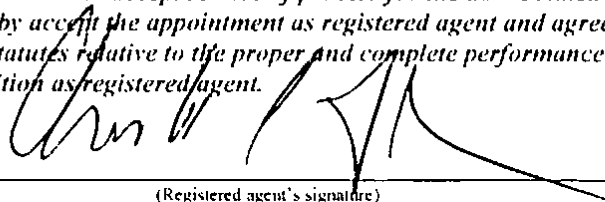
Name: Charles Liberis

Office Address: 212 W. Intendencia St.

Pensacola, Florida 32502
(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)

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:
<input checked="" type="checkbox"/> Manager	Name: Jimmy Hicks
<input type="checkbox"/> Member	Address: 8 Colley Drive
<input type="checkbox"/> Authorized	Gulf Breeze, FL 32561
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

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

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

Title or Capacity:	Name and Address:
<input checked="" type="checkbox"/> Manager	Name: Maria Hicks
<input type="checkbox"/> Member	Address: 8 Colley Drive
<input type="checkbox"/> Authorized	Gulf Breeze, FL 32561
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

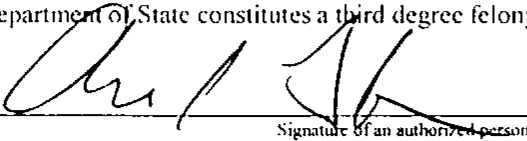
<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

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

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

Charles Liberis
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 the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF NAME CHANGE

Current Name: **POM Ventures, LLC**
Old Name: **POM, LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **26th** day of **May, 2020**



Filed Date: 05/26/2020

Edward A. Buchanan
Secretary of State

By: Jordyn Gray

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,


POM Ventures, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 19, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000890855**.

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 6th day of June, 2020 at 3:55 PM. This certificate is assigned ID Number 037154937.




Secretary of State

RECEIPT



Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020

RECEIPT INFORMATION

LIBERIS LAW FIRM, P.A.
212 W INTENDENCIA ST
PENSACOLA, FL 32502

Receipt #: 001898391
Receipt Date: 05/26/2020
Processed By: Jordyn Gray

DO NOT PAY!
This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
Name Change - Limited Liability Company - Domestic	2020-002832861	1	\$50.00	\$50.00
TOTAL CHARGES PAID				\$50.00

Description of Payment	Reference	Amount
Payment-Check / Money Order	8280	\$50.00
TOTAL PAYMENT		\$50.00

In Reference To:
POM Ventures, LLC (2019-000890855); Amendment ID: 2020-002832861

PAD or Billing Questions?
(307) 777-5343
SOSAdminServices@wyo.gov



Wyoming Secretary of State
Herschler Building East, Suite 101
122 W 25th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Email: Business@wyo.gov

WY Secretary of State
FILED: 05/26/2020 11:23 AM
Original ID: 2019-000890855
Amendment ID: 2020-002832861

Limited Liability Company Amendment to Articles of Organization

Name of the limited liability company:

POM, LLC

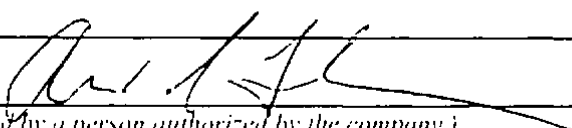
The date of filing its articles of organization: December 19, 2019

Article number(s) 2019-000890855 is amended as follows:

Article number(s) is not your filing ID number. Example: 2000-000123456

Article I shall be changed to the following:

POM Ventures, LLC

Signature: 
shall be executed by a person authorized by the company.

Date: 04/27/2020
(mm/dd/yyyy)

Print Name: Charles S. Liberis

Contact Person: Charles Liberis

Title: Attorney

Daytime Phone Number: 850-438-9647

Email: kwalden@liberislaw.com

*(Email provided will receive annual report reminders and filing evidence)
May list multiple email addresses

Checklist

- ☒ Filing Fee: \$50.00 Make check or money order payable to Wyoming Secretary of State.
- ☒ Please submit one originally signed document.
- ☒ Typical processing time is 3-5 business days following the receipt in our office.
- ☒ *Refer to original articles of organization to determine the specific article number being amended or use the next number in sequence if you are adding an article.
- ☒ Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.

