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☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**Best Chance Products, LLC**

695 Town Center Drive Suite 230

Costa Mesa, CA 92626 USA

Tel +1 (714) 844 8900

Email: info@bestchanceproducts.com



June 29, 2020

State of Florida

Registration Section

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

To whom it may concern:

Enclosed herewith please find Best Chance Products, LLC's Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, the Certificate of Good Standing of Best Chance Products, LLC in Wyoming, the Certificate of Organization in Wyoming and our check for \$160.00 for the filing fee, certificate of Status and Certified Copy.

Should you have any questions, please feel free to call me at 949-678-2329

Thank you,

A handwritten signature in black ink, appearing to read 'James G. Bohm', with a stylized flourish at the end.

James G. Bohm, Managing Member

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Best Chance Products, 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:

James G. Bohm

\_\_\_\_\_  
Name of Person

Best Chance Products, LLC

\_\_\_\_\_  
Firm/Company

695 Town Center Drive, Suite 230

\_\_\_\_\_  
Address

Costa Mesa, CA 92626

\_\_\_\_\_  
City/State and Zip Code

jim@bestchanceproducts.com

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

For further information concerning this matter, please call:

James G. Bohm

949 678-2329  
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. BEST CHANCE PRODUCTS, 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. 85-0686231

(FEI number, if applicable)

4. HAVE NOT YET TRANSACTED BUSINESS. ANTICIPATE START DATE, JULY, 15, 2020.

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

5. 695 TOWN CENTER DRIVE

(Street Address of Principal Office)

6. 695 TOWN CENTER DRIVE

(Mailing Address)

SUITE 230

SUITE 230

COSTA MESA, CA 92626

COSTA MESA, CA

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

Name: CLINT WHALEN

Office Address: 1845 COTSWOLD DRIVE

ORLANDO

(City)

32825

, Florida

(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.*

Clint Whalen

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: James G. Bohm	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 695 Town Center Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 230	<input type="checkbox"/> Authorized	_____
Person	Costa Mesa, CA 92626	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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

James G. Bohm  
\_\_\_\_\_  
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,

**BEST CHANCE PRODUCTS, LLC**

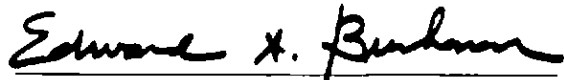
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **April 9, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000910182**.

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 28th day of June, 2020 at 5:31 PM. This certificate is assigned ID Number 037564836.



  
Secretary of State



Secretary of State

**Wyoming Secretary of State**  
Herschler Bldg East, Ste. 100 & 101  
Cheyenne, WY 82002-0020  
Ph. 307-777-7311

For Office Use Only

**WY Secretary of State**  
**FILED: Apr 9 2020 3:06PM**  
**Original ID: 2020-000910182**

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## **Limited Liability Company Articles of Organization**

- I. The name of the limited liability company is:**  
BEST CHANCE PRODUCTS, LLC
- II. The name and physical address of the registered agent of the limited liability company is:**  
AAA Corporate Services, Inc.  
1620 Central Ave Ste 202  
Cheyenne, WY 82001
- III. The mailing address of the limited liability company is:**  
1620 Central Ave Ste 202  
Cheyenne, WY 82001
- IV. The principal office address of the limited liability company is:**  
1620 Central Ave Ste 202  
Cheyenne, WY 82001
- V. The organizer of the limited liability company is:**  
AAA Corporate Services, Inc.  
1620 Central Ave Ste 202, Cheyenne, WY 82001

**Signature:** *Linda Gaynor*

**Date:** 04/09/2020

**Print Name:** Linda Gaynor

**Title:** General Manager

**Email:** aaacorporateser1@qwestoffice.net

**Daytime Phone #:** (307) 635-8700



Secretary of State

Wyoming Secretary of State  
Herschler Bldg East, Ste.100 & 101

Cheyenne, WY 82002-0020  
Ph. 307-777-7311

- ☒ I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
- ☒ I am filing in accordance with the provisions of the Wyoming Limited Liability Company Act, (W.S. 17-29-101 through 17-29-1105) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
- ☒ I understand that the information submitted electronically by me will be used to generate Articles of Organization that will be filed with the Wyoming Secretary of State.
- ☒ I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
- ☒ I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.

**Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.**

**W.S. 6-5-308. Penalty for filing false document.**

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

(i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;

(ii) Makes any materially false, fictitious or fraudulent statement or representation; or

(iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

- ☒ I acknowledge having read W.S. 6-5-308.

Filer is: ☐ An Individual ☒ An Organization

The Wyoming Secretary of State requires a natural person to sign on behalf of a business entity acting as an incorporator, organizer, or partner. The following individual is signing on behalf of all Organizers, Incorporators, or Partners.

**Filer Information:**

**By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Organization.**

Signature: Linda Gaynor

Date: 04/09/2020

Print Name: Linda Gaynor

Title: General Manager

Email: aaacorporateser1@qwestoffice.net

Daytime Phone #: (307) 635-8700





Wyoming Secretary of State  
Herschler Bldg East, Ste.100 & 101  
Cheyenne, WY 82002-0020  
Ph. 307-777-7311

---

## Consent to Appointment by Registered Agent

**AAA Corporate Services, Inc.**, whose registered office is located at **1620 Central Ave Ste 202, Cheyenne, WY 82001**, voluntarily consented to serve as the registered agent for **BEST CHANCE PRODUCTS, LLC** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature:	<u><b>Linda Gaynor</b></u>	Date: <b>04/09/2020</b>
Print Name:	<b>Linda Gaynor</b>	
Title:	<b>General Manager</b>	
Email:	<b>aaacorporateser1@qwestoffice.net</b>	
Daytime Phone #:	<b>(307) 635-8700</b>	

**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 ORGANIZATION**  
**BEST CHANCE PRODUCTS, LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **9th** day of **April, 2020** at **3:06 PM**.

Remainder intentionally left blank.



Filed Date: 04/09/2020

*Edward A. Buchanan*

Secretary of State

Filed Online By:

Linda Gaynor

on 04/09/2020