

M 2000007935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



100347271551

08/26/20--01029--002 **72.50

07/07/20--01034--003 **87.50

RECEIVED

JUL 06 2020

Special Instructions to Filing Officer:

8/26 Received correct APP, +
additional money.

W2 - 71037
more \$ due.

W2 - 71037

Office Use Only

2020 AUG 26 PM 1:22
CLERK OF COURT
STATE OF MICHIGAN

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2020

GORDON GOURLEY
THE ADFISH GROUP, LLC
PO BOX 5971
HILTON HEAD ISLAND, SC 29938 US

SUBJECT: THE ADFISH GROUP, LLC
Ref. Number: W20000071037

We have received your document for THE ADFISH GROUP, LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$72.50. ATTACHED

The form you submitted is for a Foreign Corporation, but your entity is a Foreign Limited Liability. Please complete and return the enclosed blank form(s). ATTACHED

The name listed in number one of the application must be identical to the name listed in the certificate of existence. CORRECTED

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang
Regulatory Specialist II

Letter Number: 720A00013384

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DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The AdFish Group, 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:

Gordon Gourley

Name of Person

The AdFish Group, LLC

Firm/Company

PO Box 5971

Address

Hilton Head Island, SC 29938

City/State and Zip Code

gordon@adfishgroup.com

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

For further information concerning this matter, please call:

Gordon Gourley

Name of Contact Person

at (843)

Area Code

422-3305

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. ADFISH GROUP LLC THE
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

AdFish Live
(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. South Carolina 3. 45-3303649
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 7 Crosstree Drive 6. PO Box 5971
(Street Address of Principal Office) (Mailing Address)

<u>Hilton Head Island</u>	<u>Hilton Head Island</u>
<u>South Carolina, 29926</u>	<u>South Carolina, 29938</u>

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

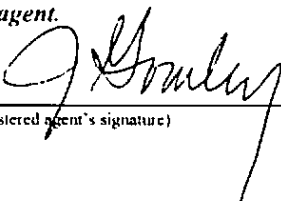
Name: Janelle Gourley

Office Address: 1531 Osceola Street

Jacksonville, Florida 32204
(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)

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2020 AUG 26 PM 1:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

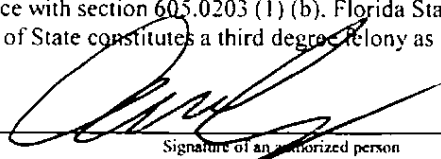
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Gordon Gourley</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jan Gourley</u>
<input type="checkbox"/> Member	Address: <u>7 Crosstree Drive</u>	<input type="checkbox"/> Member	Address: <u>7 Crosstree Drive</u>
<input type="checkbox"/> Authorized	<u>Hilton Head Island, SC 29926</u>	<input type="checkbox"/> Authorized	<u>Hilton Head Island, SC 29926</u>
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 _____
<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.



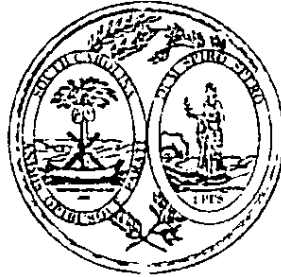
Signature of an authorized person

Gordon Gourley

Typed or printed name of signer

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The State of South Carolina



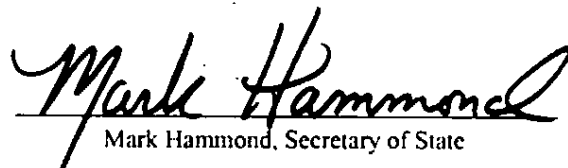
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

ADFISH GROUP LLC THE, a limited liability company duly organized under the laws of the State of South Carolina on September 19th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 1st day
of July, 2020.


Mark Hammond, Secretary of State