## M20000008585

(Requestor's Name)
(Address)
(Address)
( waster)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document (Const))
Certified Copies Certificates of Status
Special Instructions to Filing Officer
10/2

Office Use Only



500353044895

ORCO INCOME TO THE DIVISION OF CHICAGO PARTION TALL AHASSEE, FLORIDA

2020 OCT - 1 PM 2: 1

## FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/1/20

NAME: I'M IN MUD, LLC

TYPE OF FILING: APPLICATION

COST:

160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

f Limited Liability Company	
mpany for Authorization to Transact Busine erenced foreign limited liability company to	ss in Florida," Ce transact business
ne following:	
Name of Person	
Firm/Company	
Address	<del></del>
State and Zip Code	<del></del>
ed for future annual report notification)	
602 300-5040	; 1
<del>-</del> \	e Number
Registration Section	£7
	$\overset{cn}{\omega}$
Tallahassee, FL 32303	
TMENT OF STATE	
	Filing Cos. C
<del>-</del>	rning ree, Cert tatus & Certified
	mpany for Authorization to Transact Busine erenced foreign limited liability company to be following:  Name of Person  Firm/Company  Address  State and Zip Code  at (

## 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: I'm In Mud, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "Ll.C.") (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") Arizona 45-2216998 (Jurisdiction under the law of which foreign limited liability company is organized) (Fl:f number, if applicable) (Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605 0905, F.S. to determine penalty limbility) 1649 E Bethany Home Rd 1649 E Bethany Home Rd 5. (Street Address of Principal Office) (Mailing Address) Phoenix AZ 85016 Phoenix AZ 85016 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) First Corporate Solutions, Inc. Name: 155 Office Plaza Drive Office Address: Tallahassee

Registered agent's acceptance:

Having been named as registered ugent 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.

(City)

, Florida

(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:	Title or Capacity:	Name and Address:	
□Manager	Name:	□Manager	E Investment Properties Inc.	
<b>≅</b> Member	1649 E Bethany Home Rd Address:	≣Member	1649 E Bethany Home Rd	
□Authorized	Phoenix AZ 85016	□Authorized	Address:Phoenix AZ 85016	
Person		Person		
Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	· 20	
Person		Person	· 53	
□Other	Other	Other	□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

Kimberly T Mudd

Fyped or printed name of signee





# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

#### I'M IN MUD, LLC

ACC file number: L16780190

was incorporated under the laws of the State of Arizona on 05/03/2011, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official scal of the Arizona. Corporation Commission, and issued this Certificate on this date: 09/30/2020.

4

Matthew Neubert, Executive Director

