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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W20000011596

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2020 OCT 13 PM 3:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

US
10/15/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2020

ISABEL FLORES
8815 CONROY WINDERMERE RD
#107
ORLANDO, FL 32835

SUBJECT: PEACEMAKER, LLC
Ref. Number: W20000111596

We have received your document for PEACEMAKER, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yvette Scott
Document Specialist II

Letter Number: 620A00018731

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peacemaker 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:

Isabel Flores
Name of Person

Peacemaker, LLC.
Firm/Company

8815 Conroy-Windermere rd. # 107
Address

Orlando, FL 32835
City/State and Zip Code

Isabel, Isabel1@Hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isabel Flores at 310, 906-7769
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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Peacemaker, LLC

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

www.fleshnboneglobal.com, 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. 27-0206759

(FEI number, if applicable)

Upon Registration

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

5. 8815 Conroy Windermere Rd

(Street Address of Principal Office)

#107

Orlando, FL 32835

6. 8815 Conroy Windermere Rd

(Mailing Address)

#107

Orlando, FL 32835

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

, Florida 33470

(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.

Georgia Dorsam

Georgia Dorsam on behalf of InCorp Services, Inc.

(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]:

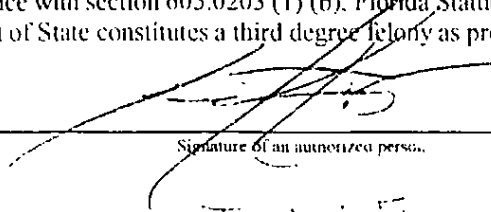
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Isabel Flores		<input checked="" type="checkbox"/> Manager	Name:	Stanley Howse	
<input type="checkbox"/> Member	Address:	8815 Conroy Windermere Rd. #107		<input type="checkbox"/> Member	Address:	8815 Conroy Windermere Rd. #107	
<input type="checkbox"/> Authorized		Orlando, FL 32835		<input type="checkbox"/> Authorized		Orlando, FL 32835	
	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	

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 TALLAHASSEE, FLORIDA

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.

 Isabel Flores

 Typed or printed name of signer

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,

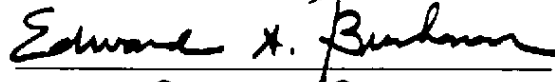
Peacemaker, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 19, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000570049**.

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 8th day of October, 2020 at 5:39 PM. This certificate is assigned ID Number 039578030.




Secretary of State

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2020 OCT 8 3:05 PM
STATE OF WYOMING
CHEYENNE
ALABAMA
FLORIDA