

Md00000009951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

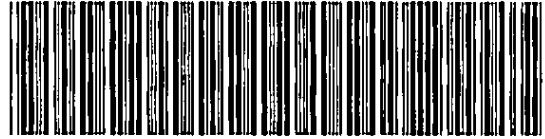
(Business Entity Name)

(Document Number)

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

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Office Use Only



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10/30/20--01017--030 \*\*130.00

FILED  
20 OCT 30 PM 4:53  
CLERK OF COURT  
BALTIMORE, MD

Mister Ryan LLC  
801 Brickell Ave., Suite 900  
Miami, FL 33131

October 27, 2020

Florida Dept of State  
Division of Corporation  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

Please see the enclosed completed document "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" along with "The Certificate of Good Standing".

~~Please process and send the "Certificate of Status" to the following address:~~

Mister Ryan LLC  
Attn: Lisa Webb  
45213 Lassen Court  
Indio, CA 92201

Thank you for your immediate assistance.

Sincerely,



Joshua Ryan  
Managing Member  
760-992-4622

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mister Ryan 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:

Joshua Ryan

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

Mister Ryan LLC

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

801 Brickell Avenue Suite 900

\_\_\_\_\_  
Address

Miami, FL 33131

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

Joshua@misterryan.com

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

For further information concerning this matter, please call:

Lisa Webb, Operations Manager

760

992-4624

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

at (\_\_\_\_\_) \_\_\_\_\_

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. Mister Ryan, 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 3. 82-2537305  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 1621 Central Avenue 6. 801 Brickell Avenue Suite 900  
(Street Address of Principal Office) (Mailing Address)

Cheyenne, WY 82001 Miami, FL 33131

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

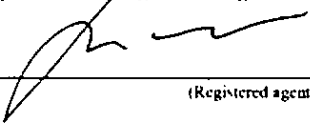
Name: Joshua Ryan

Office Address: 801 Brickell Avenue Suite 900

Miami 33131  
(City) , 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.*

  
(Registered agent's signature)

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CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
MIAMI, 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: Joshua Ryan	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 801 Brickell Avenue Suite 900	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miami, FL 33131	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

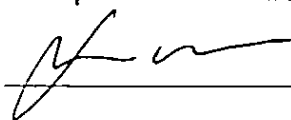
<input checked="" type="checkbox"/> Manager	Name: Luiz Gustavo de Oliveira Lucas	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 801 Brickell Avenue Suite 900	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miami, FL 33131	<input 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

Joshua Ryan

Typed or printed name of signee

**STATE OF WYOMING • SECRETARY OF STATE**  
**EDWARD A. BUCHANAN**  
**BUSINESS DIVISION**

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

Phone 307-777-7311

Website: <https://sos.wyo.gov> · Email: [business@wyo.gov](mailto:business@wyo.gov)

**Validation of Certificate of Good Standing for**  
**Certificate Issued 08/14/2020**

Validation Certificate Generated: August 14, 2020

Certificate number 038501724 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office for Mister Ryan LLC, a Limited Liability Company formed or qualified under the laws of Wyoming on 08/14/2020.

**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,


**Mister Ryan LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 14, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000937296**.

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 14th day of August, 2020 at 3:31 PM. This certificate is assigned ID Number 038501724.



  
Secretary of State