# 1100001479

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phon	e #)			
PICK-UP WAIT	MAIL			
(Business Entity Na	me)			
(Document Number)				
Certified Copies Certificate	s of Status			
Special Instructions to Filing Officer:				

Office Use Only



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[20 [] [22]

### COVER LETTER

SUBJECT:	PawPurr Delta, LLC					
SUBJECT.		Name of Limited Liability Company				
		Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence concerning thi	is matter to the following:				
	Craig Wengel					
		Name of Person				
	PawPurt Delta, LLC					
	-	Firm/Company				
	9971 SVL Box					
		Address				
	Victorville, CA 92395					
	swith wedge the consideran	City/State and Zip Code Smithwengel@icloud.com				
	E-mail addr	ress: (to be used for future annual report notification)				
For further in	formation concerning this matter,	please call:				
Craig Wengel		801 5418890 at ()				
	Name of Contact Pers					
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
•	P.O. Box 6327 The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	osed is a check for the following a					
	125,00 Filing Fee	IDA DEPARTMENT OF STATE  Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate ertificate of Status Certified Copy 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

PawPurr Delta, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC.") PawPurr Delta FL, 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 "L.L.C." or "L.L.C.". (Jurisdiction under the law of which foreign himted liability company is organized) 09/30/2020 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.) 1759 South Kings Ave 1759 South Kings Ave (Street Address of Principal Office) Brandon, FL Brandon, FL 33511 33511 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) John Hatcherian

#### Registered agent's acceptance:

Office Address:

Name:

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1759 South Kings Ave

Brandon

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)

(City)

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:
■Manager	Name: Craig Wengel	■Manager	Name: Amanda Smith
□Member	Address: 9971 SVL Box	□Member	Address: 9971 SVL Box
□Authorized	Victorville, CA 92395	□Authorized	Victorville, CA 92395
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
9. Attached is a certi jurisdiction under the of the translator musi	s executed in accordance with section 605.05 nent to the Department of State constitutes a	Florida Department of State d. duly authenticated by the cate is in a foreign language, 203 (1) (b). Florida Statutes.	Annual Report form.  official having custody of records in the a translation of the certificate under oath.  I am aware that any false information.



#### **Utah Department of Commerce**

#### **Division of Corporations & Commercial Code**

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

09/11/2020 9197585-016009112020-2257423

## **CERTIFICATE OF EXISTENCE**

Registration Number:

9197585-0160

**Business Name:** 

PAWPURR DELTA, LLC

Registered Date:

October 21, 2014

**Entity Type:** 

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Sym Stupe

Jason Sterzer
Director
Division of Corporations and Commercial Code