

W20000011961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

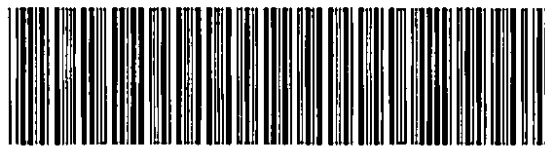
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TOLSON
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

US
12/30/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2020

GREAT LINKS INVESTMENTS, LLC
9330 MARINO CIR
APT 205
NAPLES, FL 34114

SUBJECT: CIVIL ENTERPRISE MANAGEMENT, LLC
Ref. Number: W20000144387

We have received your document for **CIVIL ENTERPRISE MANAGEMENT, LLC** and your check(s) totaling \$160.00. 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.

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: 520A00025666

RECEIVED

DEC 28 2020

COVER LETTER

TO: Registration Section
Division of Corporations

Civil Enterprise Management, I.L.C

SUBJECT: _____
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:

Name of Person
GREAT LINKS INVESTMENTS, LLC
Firm/Company
9330 MARINO CIR APT 205
Address
NAPLES FL 34114
City/State and Zip Code
Dmcivil2019@icloud.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

DAVE CIVIL	239	778-7181
_____	at (_____)	_____
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

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

HUSHED HOLDERS 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. COLORADO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20208066408
(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. 1942 BROADWAY ST.
(Street Address of Principal Office)

6. 9330 MARINO CIR
(Mailing Address)

STE. 314C

APT 205

BOULDER, COLORADO - 80302

NAPLES, FLORIDA - 34114

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

Name: GREAT LINKS INVESTMENTS, LLC

Office Address: 9330 MARINO CIRCLE APT 205

NAPLES, Florida 34114
(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)

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: **Manager** **Name and Address:**
 Name: DAVE CIVIL
 Address: 225 OSPREYS LANDING
 APT 1102
 NAPLES, FLORIDA
 Member
 Authorized Person
 Other **Other**

Title or Capacity: **Manager** **Name and Address:**
 Name: _____
 Address: _____
 Member
 Authorized Person
 Other **Other**

Manager **Name:** _____
 Member **Address:** _____
 Authorized Person
 Other **Other**

Manager **Name:** _____
 Member **Address:** _____
 Authorized Person
 Other **Other**

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 PUBLIC

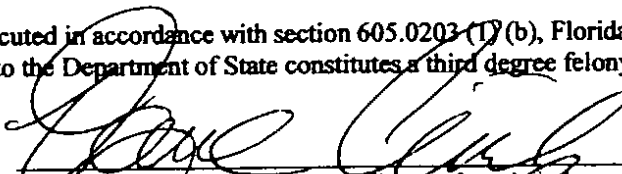
Manager **Name:** _____
 Member **Address:** _____
 Authorized Person
 Other **Other**

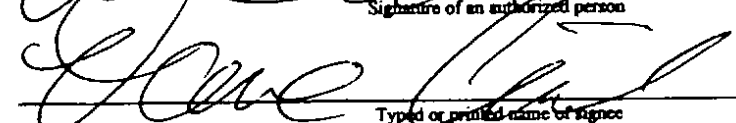
Manager **Name:** _____
 Member **Address:** _____
 Authorized Person
 Other **Other**

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


 Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Civil Enterprise Management, LLC

is a

Limited Liability Company

formed or registered on 12/09/2020 - under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20208066408 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/08/2020 that have been posted, and by documents delivered to this office electronically through 12/09/2020 @ 14:11:16 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/09/2020 @ 14:11:16 in accordance with applicable law. This certificate is assigned Confirmation Number 12776909



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/bi/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."