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ЕСТ:										
			Name of Li	mited Liabilit	y Com _l	oany				
	application by Foreig heck are submitted to									
return all	correspondence con-	cerning this m	atter to the fo	ollowing:						
	Charles Vincent H	och								
			Nar	ne of Person						
	Eyee LLC									
			Fim	n/Company						
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ther infor	mation concerning th	is matter, plea	ase call:							
Charle	s Hoch			970 at (7:	59-5960				
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	ssee, FL 32314						re Center C	Circle		
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PPLICATION 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:

Eyee, LLC							_
(Name of Foreign	Limited Liability Company, must include "Lim	nted Liabilit	iy Company," "L	, L.C.," or "LLC.")			
(If name unavailable, enter alternate re	ame adopted for the purpose of transacting business in	Florida The a	alternate name must	include "Limited Liability	Company," "L.L	C," or "Ll.	.c.")
Colorado 2.		3.		(FIEI number,)			_
(Jurisdiction under the law of wh	nich foreign limited hability company is organized)			(FEI number,)	if applicable)		
N/A 4.							
· · · <u></u>	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605.0905, F.S. to dete	to registration ermine penalty	n) liability)	 .			
Eyee LLC c/o Charles 5.	Hoch	6.	Eyee LLC c	/o Charles Hoch			
5. (Street Address of F	rincipal Office)			(Mailing Address)	300	120	i
5506 Broken Sound Bl	vd NW #5203		5506 Broke	n Sound Blvd NW	#5305	JAK JAK	77 -==
Boca Raton, FL 33487			Boca Raton.	, FL 33487	PHAS.	7	
7. Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u>	acceptable)		F STAIL	H 2: 06	
Name:	Registered Agents, Inc.						
Office Address:	7901 4th Street, Suite 400						
	Saint Petersburg		, Flor	33702 rida	_ _		
	(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)

The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Charles Vincent Hoch Manager / CEO 5506 Broken Sound Blvd #5203 Boca Raton, Florida 33487 Member / COO Bruce Hoch 5506 Broken Sound Blvd #6104 Boca Raton, Florida 33487 (Use attachments if necessary) 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 Charles Vincent Hoch

Typed or printed name of signee

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.

Evce LLC.

is a

Limited Liability Company

formed or registered on 07/18/2013 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 20131411919.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/18/2020 that have been posted, and by documents delivered to this office electronically through 12/22/2020 @ 09:00:16

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 12/22/2020 @ 09:00:16 in accordance with applicable the Christicate is assigned Confirmation Number 12802692 .



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/biz/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."