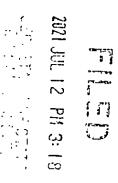
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June 19, 2021

SHIRLEY MARSHALL P.O. BOX 101070 PALM BAY, FL 32910

SUBJECT: WADLY HOLDINGS, LLC

Ref. Number: W21000089563

We have received your document for WADLY HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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: 421A00013860

www.sunbiz.org

#### **COVER LETTER**

Registration Section

TO:

Divisio	Division of Corporations						
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:							
	SHIRLEY MARSHALL OR DAMON BAISDEN Name of Person						
	P.O. BOX 101070  Address  P.M. BYD FLOWIDA 32.9.10  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)							
For further infor S 141	Manus of Contact Person  Manus Hard Manus Hard Manus Hard Manus Area Code  Name of Contact Person  Manus Hard Manus Hard Manus						
Regist Divisi P.O. E	Address: ration Section on of Corporations Box 6327 assee, FL 32314  Tallahassee, FL 32303  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Please i	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 5.00 Filing Fee  \$\sum_{\text{S}}\$\$ \$130.00 Filing Fee &  \$\sum_{\text{S}}\$\$ \$155.00 Filing Fee &  \$\sum_{\text{S}}\$\$ \$\$ \$160.00 Filing Fee, Certificate  Certificate of Status						

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

	TION 605.0902, FLORIDA STATUTES, THE FO. SINESS INTHE STATE OF FLORIDA:	LLOWING	IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIT			
. WAS	DLY HOLDINGS.	LL	, C			
(Name of Foreign )	Limited Liability Company; must include "Limited	Liability Co	ompany," "L.L.C.," or "LLC.")			
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The alter	mate name must include "Limited Liability Company," "L.L.C," or "LLC.")			
Wyoming			81-4560236			
(Jurisdiction under the law of which foreign limited liability company is organized)		ے	3. 81 - 4560236 (FEI number, if applicable)			
·	(Date first transacted business in Florida, it prior to re					
	(See sections 605.0904 & 605.0905, F.S. to determin		oliny) 202			
1367 W	adsworth ST SE	6	POBUX 1010 Poggarding Address)			
treet Address of Principal Office)		···	(Mailing Address)			
PALM B	AT		PITLM BAJ N :-			
		<del>~~~~</del>				
FLORIDA	32909		PHLM BAY N TT			
		-	<u></u>			
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acc	eptable)			
	SHIRLED MM	N5141	ell.			
Name:	3((,1))					
Office Address:	1362 WANSWOR	71+ S	T SC			
Office Address.			32,409			
	palm BAJ		, Florida			
	(Cny)		(Zip code)			
esignated in this applicate comply with the provision	gistered agent and to accept service of pition, I hereby accept the appointment as	registere	r the above stated limited liability company at the place d agent and agree to act in this capacity. I further agr lete performance of my duties, and I am familiar with			
	MW	مساء				
	(Registered agent's si	gnature)	· · · · · · · · · · · · · · · · · · ·			

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: SHIRLEY MARSHALL	·□Manager	Name:
Member	Address: P.O. BOX 101070	□Member	Address:
L'Authorized	PALM BAY	□Authorized	
Person	FLONIDA 32910	Person	
□Other	Other	Other	Other
☑Manager  ☑Member  ☑Authorized  Person  ☐Other	Name: DAMONI BAISDEN  Address: P.O. BOX 101070  PALM BAJ  FLOMINA 32910  DOTHER	☐Manager ☐Member ☐Authorized Person ☐Other	Name: G V Address: P C C C C C C C C C C C C C C C C C C
☐ Manager  ☐ Member  ☐ Authorized  Person	Name:	☐ Manager ☐ Member ☐ Authorized Person	Name:
□Other	Other	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.



## 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,

### Wadly Holdings, LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 1, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000734297**.

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 March, 2021 at 8:37 AM. This certificate is assigned ID Number 042818934.

Secretary of State