

W2100000 9589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

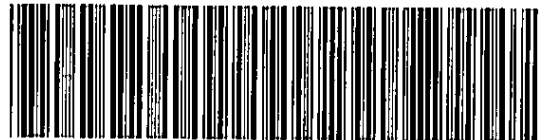
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2021 JUL 27 PM 2:24

SPF
7/27/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pumpkin Postal 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:

Dorene Cain
Name of Person

Pumpkin Postal, LLC
Firm/Company

901 S Detroit Ct
Address

Morton IL 61550
City/State and Zip Code

pppacknship@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorene Cain at (309) 838-4417
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

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**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. Pumpkin Postal LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. IL
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-1388975
(FEI number, if applicable)

4. 1/4/21
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 901 S Detroit Ct
(Street Address of Principal Office)
Morton, IL 61550

6. Pack n Ship
(Mailing Address)
7225 Estero Blvd
Fort Myers Beach, FL 33931

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

Name: Dorene Cain

Office Address: 7225 Estero Blvd
Fort Myers Beach, FL, Florida 33931
(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.

Dorene Cain
(Registered agent's signature)

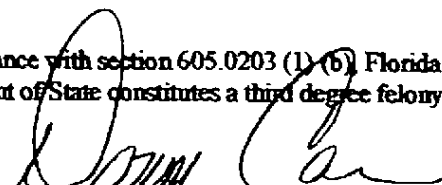
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Dorene Cain		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	4551 Bay Beach Ln		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Apt # 352		<input type="checkbox"/> Authorized			
<input checked="" type="checkbox"/> Person		Ft Myers Beach 33931		<input type="checkbox"/> Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Branden Martin		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	901 Detroit Ct		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Morton, IL 61550		<input type="checkbox"/> Authorized			
<input type="checkbox"/> Person				<input type="checkbox"/> 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			
<input type="checkbox"/> Person				<input type="checkbox"/> 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

Dorene Cain

Typed or printed name of signer

File Number

0970027-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PUMPKIN POSTAL LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 08, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

JUL 27 PM 2:24

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 27TH
day of JULY A.D. 2021 .



Jesse White

SECRETARY OF STATE