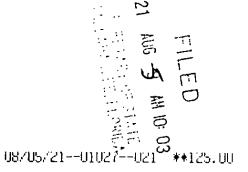
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#### COVER LETTER

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		ation Section For Corporation	is				
SUBJEC	C.	Moore Ca	pital, LLC				
SUBJEA	.li		Name of	Limited Liability C	ompany	<del></del>	
The enclo Existence	osed "A <sub>l</sub> e, and ch	oplication by For neck are submitte	eign Limited Liability Comp d to register the above refero	oany for Authorizat enced foreign limit	tion to Tra ed liability	insact Business in Florida," Certificate o company to transact business in Florid	əf` la.
Please re	turn all	correspondence c	oncerning this matter to the	following:			
		Y. Miranda	a				
			N.	ame of Person		<del></del>	
		C. Moore	Capital, LLC				
			Fi	rm/Company			
		P.O. Box	4470				
		-		Address			
		Stateline,	NV 89449-4470				
			City/S	tate and Zip Code			
		support@re	egisteredagentsolı				
	-		E-mail address: (to be use	d for future annual	report not	ification)	
For furth	ner infort	nation concernin	g this matter, please call:				
	Y. M	iranda		307	248-	4198	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ix 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding seutive Center Circle see, FL 32304	
Enclosed	i is a cho	eck for the follow .00 Filing Fee	ring amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	S160,00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Wyoming  Durisdiction under the law of which for Upon Registration/Q  C. Moore Capital, LL  (Street Address of Pincip. 30 N Gould St, Ste N	(Date first transacted business in Horida, it prior to re livee sections 605 0903 & 605 0905, F.S. to determin Call Office)	3. (FFI numb  constraint on ) the penalty hability)  6. C. Moore Capital, LL (Mailing Addit)	er, it applicables				
Upon Registration/Q C. Moore Capital, LL (Sireer Address of Pincips 30 N Gould St, Ste N	ualification (Date first transacted business in Honda, it prior to re (Nee sections 605 0903 & 605 0905, F.S. to determin .C. al Office)	(FI numb  registration) to penalty hability)  6. C. Moore Capital, LL (Mailing Addi					
Upon Registration/Q C. Moore Capital, LL (Sireer Address of Princips 30 N Gould St, Ste N	ualification (Date first transacted business in Honda, it prior to re (Nee sections 605 0903 & 605 0905, F.S. to determin .C. al Office)	(FI numb  registration) to penalty hability)  6. C. Moore Capital, LL (Mailing Addi					
C. Moore Capital, LL (Street Address of Princip. 30 N Gould St, Ste N	(Date first transacted business in Horida, it prior to re livee sections 605 0903 & 605 0905, F.S. to determin Call Office)	6. C. Moore Capital, LL (Mailing vide)	<u></u>				
C. Moore Capital, LL (Street Address of Princip. 30 N Gould St, Ste N	(Date first transacted business in Horida, it prior to re livee sections 605 0903 & 605 0905, F.S. to determin Call Office)	6. C. Moore Capital, LL (Mailing vide)	C				
(Street Address of Pincip. 30 N Gould St, Ste N	al Office)		C				
(Street Address of Princip. 30 N Gould St, Ste N	al Office)						
30 N Gould St, Ste N Sheridan, WY 82801		20 81 0 = 4 04 04 8					
Sheridan, WY 82801		30 N Gould St, Ste N					
_ <del></del> _		Sheridan, WY 82801					
Name and makes address of	Chadde and season course (D.O. Rec.	NOT accountable)					
Name and <u>street address</u> of Florida registered agent: (P.O. Box. <u>NOT</u> acceptable)							
Name: NC	DRTHWEST REGISTERED AGE	<u> </u>					
Office Address: 79	001 4th St N, STE 300						
St	t. Petersburg	m.str. 33702					
	(City)	Florida <u>33702</u>					
_	Ton Glove		=				
	(Registered agent's s	ignature)	- 0,				
The name, title or capacity Title or Capacity:	rity and address of the person(s) who has/have authority to manage is  Name and Address: Title or Capacity:		Name and Address:				
	ARCANUS MANAGEMENT CORP.	THE OF CARPICE					
Manager	Apartado 0816-00386						
	Panama, República de Panama	- -	<u> </u>				
<del></del>							
		-					

Exped or printed name of signer

## 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.

## C. Moore Capital, LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on April 12, 2021, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2021-000995946.

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 4th day of August, 2021 at 10:50 AM. This certificate is assigned ID Number 046185429.



Secretary of State

Notice. A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.