# M2100011753

(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:			
Zec'h			





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SEP 08 7774 M. SOLOMON

# COVER LETTER

SUBJECT:	Checku Scien	Hict 11(
	Nar	me of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return all o	correspondence concerning this matter	to the following:
	<u>Isajash</u>	Name of Person
	Check	sy Scientist Firm/Company
	495 Grand	Blyd, Suite 2000
	Miraman B	PACK, FL 32550 City/State and Zip Code
_	Remail address: (to b	poes & Cheekys Cientist, com  be used for future annual report notification)
For further inform	mation concerning this matter, please e	all:
12A	Name of Contact Person	at ( 509 ) 730 - 0358  Area Code Daytime Telephone Number
Mailing	Address:	Street Address:
•	ration Section	Registration Section
	on of Corporations	Division of Corporations
	ox 6327 assee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please m	d is a check for the following amount: nake check payable to: FLORIDA DE .00 Filing Fee	ce & \$155.00 Filing Fee &   \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  (Name of Foreign Limited Liability Company; must include "Limited"  (If name unavailable, enter alternate name adopted for the purpose of transacting business in Flori	Liability Company," "L.L.C.," or "Ll.C.")  ida. The alternate name must melude "Limited Liability Company," "L.L.C." or "Ll.C.")
2. (Jurisduction under the law of which foreign fimited liability company is organized)	3. 46-1795734 (FIN)
4. Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	penalty liability)
5. 495 Grand Blvd (Street Address of Principal Office)	6. 495 Grand Blvd (Mailing Address)
Suite 200	Svite 200
Miramaz Beach, Fl 32550	Miramar Beach, FL 32550
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box.)	· · · · · · · · · · · · · · · · · · ·
Name: Isaiah Hankel	SEP J.
Office Address: 495 Grand Blud St Miramar Beach	Florida 3250 (Zip code)
Registered agent's acceptance: Having been named as registered agent and to accept service of prodesignated in this application, I hereby accept the appointment as to comply with the provisions of all statutes relative to the proper a and accept the obligations of my position as registered agent.	registered agent and agree to act in this capacity. I further agree

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Saiah Manager □Manager Name: \_\_\_\_\_ Grand Blvd □Member □Member Address: ☐ Authorized ☐ Authorized linamar, FL 32SSU Person Person □Other Other Other\_\_\_\_ □Other\_\_\_\_\_ □Manager Name: □Manager Name: \_\_\_\_\_ □Member Address: \_\_\_\_\_ □Member Address: ☐ Authorized ☐ Authorized Person Person Other □Other\_\_\_ Other Name: \_\_\_\_\_ ☐Manager ☐ Manager ☐ Member Address: ☐ Member Address: □ Authorized ☐ Authorized Person Person □Other Other\_\_\_\_ □Other □Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 IDAHO

Lawerence Denney | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

August 12, 2021

Request Type: Certificate of Existence/Filing

Request #:

0004381969

Receipt #:

000530771

Regarding:

Cheeky Scientist LLC

Filing Type:

Limited Liability Company (D)

Formation/Qualification Date: 09/17/2020

Status: Duration Term: Active-Existing

Perpetual

Issuance Date: 08/12/2021

Copies Requested:

0

File #:

4006357

Formation Locale: IDAHO

Inactive Date:

### Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

# **Cheeky Scientist LLC**

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division Verification #: 013832120

Phone: 208-334-2301 \* Email: business@sos.idaho.gov \* Website: sosbiz.idaho.gov



# FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2021

ISAIAH HANKEL CHEEKY SCIENTIST 495 GRAND BLVD, SUITE 206 MIRAMAR BEACH, FL 32550

SUBJECT: CHEEKY SCIENTIST LLC

Ref. Number: W21000116360

We have received your document for CHEEKY SCIENTIST LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

"Owner" is not an acceptable title. Please select title(s) and return to my attention at your earliest convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 121A00020328