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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/18/21

NAME: CONSUMERS UNIFIED, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

attodese

COVER LETTER

TO:

Registration Section

Div	ision of Corporations	
SUBJECT:	Consumers Unified, LLC	
SUBJECT.	Nan	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return	all correspondence concerning this matter	to the following:
	David Carman	
		Name of Person
	Consumers Unified, LLC	
		Firm/Company
	600 East 4th Street	
		Address
	Tulsa, OK 74120	
		City/State and Zip Code
	compliance@consumeraffairs.com	
	E-mail address: (to b	e used for future annual report notification)
For further in	formation concerning this matter, please ca	dl:
Dav	vid Carman	888 773-0221 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	ling Address:	Street Address:
_	gistration Section rision of Corporations	Registration Section Division of Corporations
	D. Box 6327	The Centre of Tallahassee
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	losed is a check for the following amount: use make check payable to: FLORIDA DE	PARTMENT OF STATE
	125.00 Filing Fee S130.00 Filing Fe	
·	Certificate	-

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Consumers Unified, L.	Limited Liability Company, must include "Limited I	isbility Company," "L.L.C.," or "LLC.")	
	, , ,		
name impresibilité entre alternata	name adopted for the purpose of transacting business in Flori	d. The shares were bounded to be shared to be	The Comment of the Wilder
	name anopted for the purpose of transacting outsiness in riori		cuity Company, " "L.L.C," or "LLC."
Nevada		27-4381935 3.	
(Jurisdiction under the law of w	which foreign limited liability company is organized)	(FEI number	, if applicable)
	(Deta first transported burglasses in Florida 15		
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	penalty lisbility)	
600 East 4th Street		600 East 4th Street	
nest Address of Principal Office)		6. (Mailing Address)	
Tulsa, OK 74120		Tulsa, OK 74120	
			
Name and street address	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	
Name and street address	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	
Name and street address	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	2021 (SEO) 14.11
Name and street address Name:		NOT acceptable)	2021 MOV SECRET
	Paracorp Incorporated		2021 NOV 18 SECRETAR FALL SHASS
		NOT acceptable)	18 FILE
Name:	Paracorp Incorporated	NOT acceptable)	υπ <i>Ε</i> " — ¬η
Name:	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee	32301 , Florida	FILED 18 PH 3: SSEELFELOR
Name:	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor	32301	FILED 18 PM
Name: Office Address:	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City)	, Florida(Zip code)	FILED 18 PM 3: 53 SEEL FLORING
Name: Office Address: egistered agent's acceptions been named as re	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) stance: registered agent and to accept service of pro-	32301, Florida(Zip code) cocess for the above stated limited lie	FILED 18 PH 3:53 ability company at the pla
Name: Office Address: egistered agent's acceptions been named as resignated in this applica	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) stance: rgistered agent and to accept service of pration, I hereby accept the appointment as r	32301, Florida (Zip code) occess for the above stated limited livegistered agent and agree to act in	ability company at the platthis capacity. I further a
Name: Office Address: egistered agent's acception to the second agent as resignated in this applicated comply with the provise	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) stance: registered agent and to accept service of pro-	32301, Florida (Zip code) occess for the above stated limited livegistered agent and agree to act in	ability company at the platthis capacity. I further a

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: Name: John Henson David Carman ■ Manager □ Manager 600 East 4th Street 600 East 4th Street ☐ Member ☐ Member Tulsa, OK 74120 Tulsa, OK 74120 ☐ Authorized ☐ Authorized Person Person Head of Legal Compliance Other Other Sam Mischner □ Manager ☐ Manager Name: _____ Address: 600 East 4th Street □Member □ Member Address: Tulsa, OK 74120 □ Authorized ☐ Authorized Person Person Other_CCO President Other □Other__ ☐ Other □ 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. Signature of an authorized person David Carman

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 11/17/2021

ENTITY NAME: Consumers Unified, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CONSUMERS UNIFIED, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/27/2010, and is in good standing in this state.

Certificate Number: B202111172159904

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/17/2021.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State