

MA1000015878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

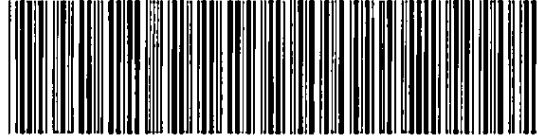
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

w21-151165

Office Use Only



100377011991

FILED

2021 NOV 24 PM 3:25

STATE  
OF FL

RECEIVED

2021 NOV 22 AM 8:48

STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2021

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: PERSONAL PURSE, LLC  
Ref. Number: W21000151165

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

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

The document number of the name conflict is p21000093061.

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 721A00028372

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: : 120210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Personal Purse, LLC

Business Name

Document Number, (if KNOWN)

\_\_\_ Certified copy of Articles of Incorporation

X Certificate of Status

\_\_\_ Pick up time

\_\_\_ Will wait

NEW FILINGS

\_\_\_ Profit

\_\_\_ Not for Profit

X Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ CORP

AMMENDMENTS

\_\_\_ Amendment

\_\_\_ Resignation of R.A.

Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ Correction

OTHER FILINGS

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ()

Country

REGISTRATION/QUALIFICATIONS

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_



**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. Personal Purse, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. Wyoming 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/19/21  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13466 Whispering Oaks Drive 6. 13466 Whispering Oaks Drive  
(Street Address of Principal Office) (Mailing Address)  
Fort Myer, FL 33905 Fort Myers, FL 33905

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

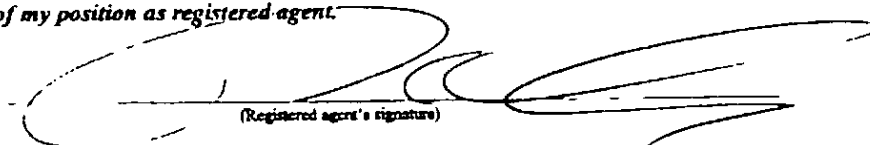
Name: DLF Registered Agent Service, LLC

Office Address: 10181 Six Mile Cypress Pkwy, Suite C

Fort Myers, Florida 33966  
(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.*

  
(Registered agent's signature)

2021 NOV 24 PM 3:26  
STATE  
FL

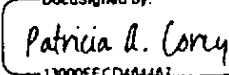
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: Patricia A. Corey	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 13466 Whispering Oaks Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Fort Myers, FL 33905	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____
Person	_____	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	_____
Person	_____	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.

DocuSigned by:  
  
 13000FFCDA64467  
 Signature of an authorized person  
 Patricia A. Corey  
 \_\_\_\_\_  
 Typed or printed name of signee

**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,


**Personal Purse, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 12, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001042867**.

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 20th day of November, 2021 at 2:09 PM. This certificate is assigned ID Number 048178537.



  
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.

**JOSHUA O. DORCEY, ESQ.\***  
**MANAGING PARTNER**

MICHAEL A. SCOTT, ESQ.  
JUNIOR PARTNER  
ERICA D. JOHNSON, ESQ.  
JUNIOR PARTNER  
KARA A. SAJJAD, ESQ.  
JUNIOR PARTNER  
BRIAN H. BRONSTHER, ESQ.\*\*  
SENIOR COUNSEL  
JOHN CASEY STEWART, ESQ.  
MORRIS E. OSBORN, ESQ., LL.M.  
OF COUNSEL  
K.C. WILLIAMS, ESQ.  
OF COUNSEL  
CHRISTOPHER Q. WINTTER, ESQ.  
OF COUNSEL

*\*also admitted in Alabama \*\*also admitted in New York*



10181 Six Mile Cypress Pkwy - Suite C  
Fort Myers, Florida 33966  
239-418-0169 Phone  
239-418-0048 Fax

[www.DorceyLaw.com](http://www.DorceyLaw.com)

**ELECTRONIC MAIL:**

JOSH@DORCEYLAW.COM  
MIKE@DORCEYLAW.COM  
ERICA@DORCEYLAW.COM  
KARA@DORCEYLAW.COM  
BRIAN@DORCEYLAW.COM  
CASEY@DORCEYLAW.COM  
MORRIS@DORCEYLAW.COM  
KC@DORCEYLAW.COM  
CHRISTOPHER@DORCEYLAW.COM

November 23, 2021

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL

**RE: No intent to refile Personal Purse, LLC**

To whom it may concern,

I have no intentions of refiling the name "Personal Purse, LLC" and so intend to release the name. The document number is L21000445097.

Sincerely,

*Michael A. Scott, Esq.\**

Michael A. Scott, Esq.

MAS/lid

*\*signed electronically to expedite processing*