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Office Use Only



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V. LEMIEUX DEC - 4 2021



COVER LETTER

r:Nan	ne of Limited Liability Company	
	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.	
irn all correspondence concerning this matter	to the following:	
Steve Ewing		
	Name of Person	
Optimus Labs, LLC.		
	Firm/Company	
570 Memorial Circle STE 110		
	Address	
Onmond Beach, FL 32174		
	Tity/State and Zip Code	
steve@optimus-labs.com		
E-mail address: (to b	e used for future annual report notification)	
r information concerning this matter, please co	ill:	
teve Ewing	425 345-5083 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
lailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
2.O. Box 6327	The Centre of Tallahassee	
Callahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tullahassee, FL 32303	



November 8, 2021

STEVE EWING 570 MEMORIAL CIR STE 110 ORMOND BEACH, FL 32174

SUBJECT: OPTIMUS LABS, LLC Ref. Number: W21000145177

We have received your document for OPTIMUS LABS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 221A00027195

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

D' '.'... f C....... D.O. DOV 0007 M.H.I. El. '1. 00014

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

IN COMPLIANCE WITH SECTION (05/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Optimus Labs, LLC.				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company	T""LL.C.," or "LL.C.")	
(If name unavailable, onter alternate	name adopted for the purpose of transacting business in Fl	lorida. The alternate nam	ne must include "Limited Lubil	ny Company," "L.L.C," or "LLC.")
Wyoming 2	thich foreign limited liability company is organized?	3	(£1.1 number,)	
(Jurisdiction under the law of w	thich foreign limited liability company is organized)		(£1.f number,)	Lapplicable)
Not in business, waitir	ng for FL registration			
···	(Date first transacted business in Florida, if prior to (See sections 605 6904 & 605 6905, F.S. to determ	registration) me penalty liability)		_
570 Memorial Circle S			morial Circle STE 110	
2). (Suget Address of Principal Office)		(Mad	ling Address)	
Ormond Beach, FL 32	174	Ormond	Beach, FL 32174	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptabl	e) : ·	2)
Name:	Sunshine Corporate Filings LLC		·• . ·- ·- 	KEV 24 M
Office Address:	7901 4th St N STE 300		F.	
	St. Petersburg	, , !	33702 Florida	jim gj L
	(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.

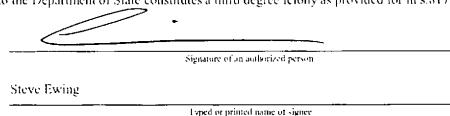
(Registered agent's signature)

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]:

Fitle or Capacity:	Name and Address:	Title or Capacity	<u>::</u>	Name and Address:
■Manager	Name: Steve Ewing	□Manager	Name:	
■Member	Address: 570 Memorial Circle	□Member	Address:	
■Authorized	STE 110	□Authorized		
Person	Ormond Beach, FL 32174	Person		
□Other	Other	□Other		□Other
∐Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	•
□Authorized		□Authorized		
Person		Person		
□Other	∐Other	∐Other		_JOther
_]Manager	Name:	∐Manager	Name:	
∃Member	Address:	∐Member	Address:	
□Authorized		□Authorized		
Person		Person		
_Other		∐Other		日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.



State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

SS.

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Optimus Labs, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 5**, **2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021**-**001025697**.

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 15th day of November, 2021 at 4:57 PM.



Edware X. Bulan

Secretary of State

Austin Steam