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SECRETARY OF STATE ALLAHASSEE, FLORIDA



# **COVER LETTER**

TO:

Registration Section

Divisio	on of Corporations
SUBJECT.	HEMON MEDIA GROUP LLC
SUBJECT:	Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o theck are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all	correspondence concerning this matter to the following:
	LOVETTE DOBSON
	Name of Person
	Firm/Company
	17350 STATE HWY 249 #220
	Address
	HOUSTON, TX 77064
	City/State and Zip Code
	EFILE1234@INCFILE.COM
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
LOVE	ETTE DOBSON 1 888-462-3453 at ()
	Name of Contact Person Area Code Daytime Telephone Number
Divisio Registr P.O. B	ING ADDRESS: on of Corporations Division of Corporations ration Section Registration Section Clifton Building assee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	make check payable to: FLORIDA DEPARTMENT OF STATE
□ \$1	25.00 Filing Fee \$\Bigsquare \$130.00 Filing Fee & D \$155.00 Filing Fee & D \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

# 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: HEMON MEDIA GROUP LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C," o WASHINGTON (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1580 W GASLIGHT DR 1580 W GASLIGHT DR (Street Address of Principal Office) SPRINGFIELD, MO 65810 SPRINGFIELD, MO 65810 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ISAAC TOBELEN Name: 15524 SW 127TH AVE, APT 302 Office Address: MIAMI Registered agent's acceptance: Having been named us 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. xaac Tobelen

Name: SHANKS CONSULTING LLC  Address:  1580 W GASLIGHT DR	☐ Manager ☐ Member ☐ Authorized		
1580 W GASLIGHT DR	_	Address:	
	☐ Authorized		
	_		
SPRINGFIELD, MO 65810	Person		
Other	Other		Other
Name:	Manager	Name:	
Address:	☐ Member	Address:	
	☐ Authorized		
	Person		<del></del> .
Other	Other		Other
Name:	☐ Manager	Name:	
	☐ Member	Address:	
	☐ Authorized		
	Person		
Other	Other		Other
	Name:	Name:	Name:

Typed or printed name of signee



Secretary of State

I, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

**OF** 

### HEMON MEDIA GROUP LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/29/2020.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/23/2021

UBI Number: 604 606 188



Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

LR Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 12/23/2021