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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company The Goodbye Company LLC

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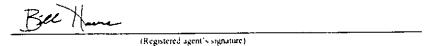
Help

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 TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

in limited liability company is organized in the sections 605,0904 & 605,0905, F.S.	it prior to registration.)		
: sections 605,0904 & 605 0905, F.S.	at poor to registration) To determine penalty habi		_
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St. Petersburg		. Florida 33702	8: 29
	egistered Ag 01 4th St N	FL 33702 Sorida registered agent: (P.O. Box NOT acceptishered Agents Inc.) O1 4th St N STE 300 . Petersburg	egistered agent: (P.O. Box NOT acceptable) egistered Agents Inc. 01 4th St N STE 300 . Petersburg

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.



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: Name and Address: Title or Capacity: Name: Martha Pestarino Name: _____ Manager Manager Address: 1251 Spanish ct Address: _____ Member X Member Marco island FL 34145 Authorized Authorized Person Person Other____ Other____ Other____ Name: ______ Name: Manager Manager Member Address: Address: _____ Member Authorized Authorized Person Person _____Other____ Other Other____ Other_ Name: Name: Manager Manager Manager Member Address: Member Address: Authorized Authorized Person Person 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. Riley Park

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.

The Goodbye Company LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 23**, **2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000747194**.

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 4th day of May, 2022 at 2:26 PM. This certificate is assigned ID Number 051738320.

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.