

M22000008019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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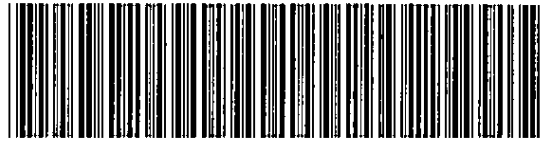
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/22--01014--007 **125.00

FILED
2022 MAY -5 AM 10:57
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRAZY COUPON LADY, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check 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:

HEATHER WHEELER

Name of Person

Firm/Company

2519 W NEWBURY CT.

Address

EAGLE, ID 83616

City/State and Zip Code

HR@THEKRAZYCOUPONLADY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Wheeler

Name of Contact Person

at

(208)

Area Code

514 9192

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee. Certificate
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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KRAZY COMPANY LTD., LLC.

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. INDIAN

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 8148 144 54

(FEI number, if applicable)

4. 11/01/2020

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

5. 3519 W NEWBURY CT

(Street Address of Principal Office)

6. 3519 W NEWBURY CT

(Mailing Address)

EAGLE, ID 83414

EAGLE, ID 83414

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

Name: LEGATLINE CORPORATE SERVICES, INC.

Office Address: 5237 SUMMERLIN COMMONS SUITE 400

LEES MINERS

(City)

Florida 33907

(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.

Wesley Dolan

(Registered agent's signature)

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2022 MAY -5 AM 10:57
SEAL AND ASSOCIATES, P.A.
TALLAHASSEE, FLORIDA

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 type="checkbox"/> Manager	Name: <u>HEATHER WHEELER</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2519 W NEWBURY CT</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>EAGLE, ID 83614</u>	<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.

HWheeler
Signature of an authorized person

Heather Wheeler



STATE OF IDAHO

Lawrence Denney | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

Request Type: Certified Copies of Business

Request #: 4713757

Issuance Date: 04/22/2022

Receipt #: 649984

Copies Requested: 1

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that **KRAZY COUPON LADY LLC**, File # 258202 was formed or qualified to do business in the State of Idaho on 03/31/2009. KRAZY COUPON LADY LLC has a home jurisdiction of Idaho and is currently in an Active-Existing status.

The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

A handwritten signature in black ink, appearing to read "Lawrence Denney".

Lawrence Denney

Idaho Secretary of State

Processed By: Business Division

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
A0049-8882	03/31/2009	Initial Filing
A0160-7508	06/21/2012	Application for Reinstatement
A0291-4644	06/25/2012	Application for Reinstatement
A0428-8611	07/11/2016	Application for Reinstatement
A0429-8544	07/25/2016	Application for Reinstatement