

11/4/22, 3:08 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**M220000378513 17129**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

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

Email Address: _____

**Foreign Limited Liability Company
FULL STACK CONSULTING LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Corporate Filing Menu

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NOV 14 2022
K. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FULL STACK CONSULTING 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:

Cheyenne Moseley

 Name of Person

Legalzoom.com, Inc.

 Firm/Company

101 N Brand Blvd 11th Fl

 Address

Glendale, CA 91203

 City/State and Zip Code

rojpage@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

at ()

 Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
 Registration Section
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

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 &
 Certificate of Status

☒ \$155.00 Filing Fee &
 Certified Copy

☐ \$160.00 Filing Fee, Certificate
 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. FULL STACK CONSULTING 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. Oregon 3. 84-2122754
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 09/01/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

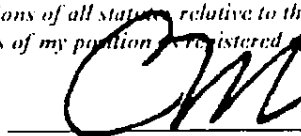
5. 19800 Galileo Ave 6. 284 Bentley Oaks Blvd.
(Street Address of Principal Office) (Mailing Address)
Bend, Oregon 97702 Auburndale, Florida 33823

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

Name: UNITED STATES CORPORATION AGENTS, INC.
Office Address: 5575 S. Semoran Blvd., Suite 36
Orlando 32822
(City) (Zip code)
Florida

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)

CHEYENNE MOSELEY, ASSISTANT SECRETARY,
UNITED STATES CORPORATION AGENTS, INC.

APPROVED
AND
FILED
2022 NOV 10 PM 12:04
CLERK OF THE STATE
OF FLORIDA

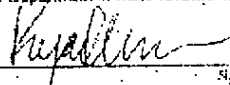
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<input type="checkbox"/> Manager	Name: Ryan Owen	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 284 Bentley Oaks Blvd	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Auburndale, Florida 33823	<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 indexed 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.817.125, F.S.



 Signature of an authorized person

Ryan Owen

 Typed or printed name of signer

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 153874

I, SHEMA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

FULL STACK CONSULTING LLC

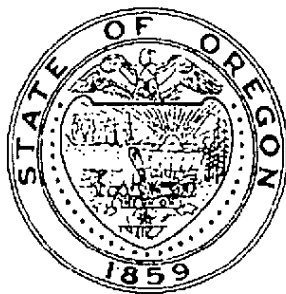
is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.



A handwritten signature in black ink, appearing to read "Shemia Fagan", is written over a horizontal line.

SHEMA FAGAN, SECRETARY OF STATE

Issued Date: 10/21/2022



Come visit us on the internet at: sos.oregon.gov/business
or use the QR code to check their current status.