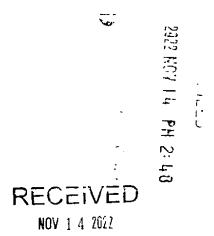
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## COVER LETTER

TO:

Registration Section

CT:	Boyle & Wright Consulting, LLC				
	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in			
eturn	all correspondence concerning this matter t	o the following:			
	Kenneth L. Boyle, DC				
	Name of Person				
	Boyle & Wright Consulting, LLC				
	Firm/Company				
	3330 Leaf Lake Drive				
	Address				
	Land O Lakes, FL 34639				
	C	hy/State and Zip Code			
	hevalueconsulting@gmail.com				
	E-mail address: (to be	e used for future annual report notification)			
ier ir	nformation concerning this matter, please ca	II:			
Ker	nneth Boyle	808 313-9200 at ( )			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
	D. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	losed is a check for the following amount:				

## 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:

1. Boyle & Wright Consu					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Comp	any," "L.E.C.," or "LLC.")		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Limited Liability	Company," "L.L.C." or "LLC."	
Delaware 2. Unrisdiction under the law of which foreign limited liability company is organized)			88-1664525 3.		
			(FEI number, if applicable)		
N/A 4.					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration,) une penalty liability		_	
3330 Leaf Lake Drive  5.  Street Address of Principal Office)			Leaf Lake Drive		
	20		-		
Land O Lakes, FL 34639		Land O Lakes, FL 34639			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	N <u>OT</u> accept	able)	2522 NOV	
Name:	Kenneth L Boyle, DC		_	<del>-</del>	
Office Address:	3330 Leaf Lake Drive		-	- PH 2:	
	Land O Lakes		34639 , Florida		
	(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.

(Reprinted 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Kenneth Boyle Name: Brent Wright Manager Address: 427 NE Province Drive Address: \_\_ 3330 Leaf Lake Drive ■ Member ■ Member Land O Lakes, FL 34639 Camas, WA 98607 Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ ☐Other\_\_\_\_\_ Other\_\_\_\_\_ ☐ Manager Name: □Manager Address: Address: ☐ Member □ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Name: □Manager Name: \_\_\_\_\_ □ Member Address: \_\_\_\_\_ □ Member Address: □ Authorized □Authorized Person Person □Other □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. Nignature of an authorized person

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Kenneth L Boyle, DC



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BOYLE & WRIGHT CONSULTING, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOYLE & WRIGHT CONSULTING, LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2022.



Authentication: 204260992

Date: 08-26-22