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(Business Entity Name)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHEARCELD USA, 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:

ANTHONY HILL  
Name of Person

SHEARCELD USA, LLC  
Firm/Company

12211 TERRACOTTA DRIVE  
Address

LAKEWOOD RANCH FL 34211  
City/State and Zip Code

LOORDHILL@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY HILL at ( 972 ) 516-0491  
Name of Contact Person Area Code 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 & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2022

ANTHONY HILL  
12211 TERRACOTTA DR  
LAKEWOOD RANCH, FL 34211

SUBJECT: SHEARGOLD USA, LLC  
Ref. Number: W22000151386

We have received your document for SHEARGOLD USA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Texas issues a Certificate of Fact that is what we are looking for.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 222A00027314

RECEIVED

JAN 17 2023

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. SHEARCOOLD USA, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SHEARCOOLD CONSULTING, 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 "LLC.")

2. TEXAS 3. 20-4678201  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12211 TERRACOTTA DRIVE 6. 12211 TERRACOTTA DRIVE  
(Street Address of Principal Office) (Mailing Address)

LAKEWOOD RANCH, FL 34211 LAKEWOOD RANCH, FL 34211

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

Name: DIANA HILL

Office Address: 12211 TERRACOTTA DRIVE

LAKEWOOD RANCH, Florida 34211  
(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.

[Signature]  
(Registered agent's signature)

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L.L.C.  
0-1105

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 checked="" type="checkbox"/> Manager	Name: <u>ANTHONY HILL</u>	<input checked="" type="checkbox"/> Manager	Name: <u>DIANA HILL</u>
<input type="checkbox"/> Member	Address: <u>12211 TERRACOTTA DR.</u>	<input type="checkbox"/> Member	Address: <u>12211 TERRACOTTA DR.</u>
<input type="checkbox"/> Authorized	<u>LAKEWOOD RANCH,</u>	<input type="checkbox"/> Authorized	<u>LAKEWOOD RANCH,</u>
Person	<u>FL 34211</u>	Person	<u>FL 34211</u>
<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.

Anthony Hill  
-Signature of an authorized person

ANTHONY H. HILL  
Typed or printed name of signee



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Sheargold USA, LLC (file number 800596596), a Domestic Limited Liability Company (LLC), was filed in this office on January 10, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 12, 2023.



A handwritten signature in black ink, consisting of a stylized "J" and "E" followed by a horizontal line.

Jose A. Esparza  
Deputy Secretary of State