

11230000/4659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

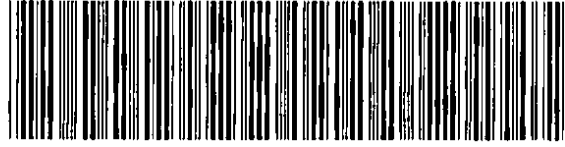
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300417132533

11/17/23--01002--001 **125.00

For 7:00

RECEIVED
2023 NOV 16 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 16 2023
T. LEMIEUX

W

COVER LETTER

**Registration Section
Division of Corporations**

Wiley Works NW LLC

SUBJECT: _____
Name of Limited Liability Company

enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of
stence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

use return all correspondence concerning this matter to the following:

Jordan Wiley

Name of Person

Wiley Works NW LLC

Firm/Company

4061 Taggart Cay N Apt 201

Address

Sarasota, FL 34233

City/State and Zip Code

Wileyworkswindows@gmail.com

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

r further information concerning this matter, please call:

Jordan Wiley

503

734-8679

at (_____)

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 & ☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Viley Works NW L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If alternate name is 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."

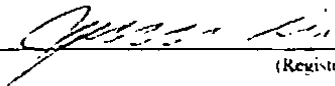
Region State
3. 84-4308362
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
4061 Taggart Cay N Apt 201
(Mailing Address)
Sarasota, FL. 34233

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

Name: Jordan Wiley
Office Address: 4061 Taggart Cay N Apt 201
Sarasota, Florida 34233
(City) (Zip code)

Registered agent's acceptance:
I, 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)

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

Title or Capacity: Name and Address:
Manager Name: Jordan Wiley
Member Address: 1061 Taggart Cay N Apt 201
Authorized Sarasota, FL 34233
Person _____
Other ☒ Other Owner

Title or Capacity: Name and Address:
☒ Manager Name: Jordan Wiley
☐ Member Address: 4061 Taggart Cay N #201
☐ Authorized Sarasota FL 34233
Person _____
☐ Other _____ ☐ Other _____

Manager Name: _____
Member Address: _____
Authorized _____
Person _____
Other ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Manager Name: _____
Member Address: _____
Authorized _____
Person _____
Other ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ 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.

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)

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.

Jordan Wiley
Signature of an authorized person

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 2145175

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State,
hereby certify:

WILEY WORKS NW LLC

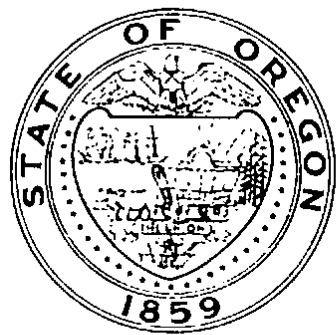
is

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.



Lavonne Griffin-Valade

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 11/7/2023



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