

M24000013485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

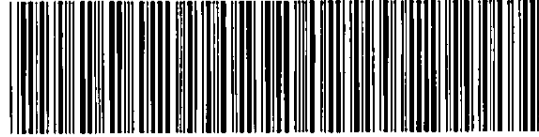
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K. Brumley

MS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/22/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1304906

ORDER ENTITY
POLLARDBECK LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

POLLARDBECK LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be 'MM' or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and counter package if applicable. For UCC orders, please include the thru date on the results.

• • •

PollardBeck LLC

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.

Kenneth Beck

Firm/Company

7918 Ranchart Dr

Boynton Beach, FL 33437

marcus@vaio.com

For further information concerning this matter, please call:

Kaylyn Poirier

95.4

566-8513

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Street Address:

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

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

1. Pollardbeck LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(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 "LLP.")

2. Wyoming 3. 33-1516942
(Jurisdiction under the law of which foreign limited liability company is organized) (Tax number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 30 N Gould Street 6. 30 N Gould Street
(Street Address of Principal Office) (Mailing Address)
Sheridan, WY 82801 Sheridan, WY 82801

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

Name: Kenneth Beck
Office Address: 7918 Rinehart Drive
Boynton Beach 33437
_____, 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.

Kenneth Beck
(Registered agent's signature)

2014 OCT 22 11:22

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: Robert Pollard	<input type="checkbox"/> Manager	Name: Sue Pollard
<input checked="" type="checkbox"/> Member	Address: 7918 Rinehart Dr	<input checked="" type="checkbox"/> Member	Address: 7918 Rinehart Dr
<input type="checkbox"/> Authorized	Boynton Beach, FL 33437	<input type="checkbox"/> Authorized	Boynton Beach, FL 33437
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: Kenneth Beck	 <input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address: 7918 Rinehart Dr	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Boynton Beach, FL 33437	<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: Tara Beck	 <input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address: 7918 Rinehart Dr	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Boynton Beach, FL 33437	<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.

Kenneth Beck
Signature of an authorized person

Kenneth Beck
Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Pollardbeck, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 17, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001540066**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of October, 2024 at 6:43 AM. This certificate is assigned ID Number 077426328.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State