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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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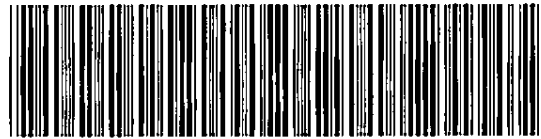
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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T. LEMIEUX

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONK SHELL 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:

MICHELLE D CONKLIN

Name of Person

CONK SHELL LLC

Firm/Company

PO BOX 465

Address

PINEDALE, WY 82941

City/State and Zip Code

SHELLCONK@GMAIL.COM

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

For further information concerning this matter, please call:

MICHELLE D CONKLIN

Name of Contact Person

at (**307**)

Area Code

620-2859

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

March 12, 2025

MICHELLE D CONKLIN
P.O. BOX 465
PINEDALE, WY 82941

SUBJECT: CONK SHELL LLC
Ref. Number: W25000033180

We have received your document for CONK SHELL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal address must be a street address.,

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: 625A00005353

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. CONK SHELL LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
- (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 "L.L.C.")
2. WYOMING
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-1341273
(FEI number, if applicable)
4. 02/27/2025
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. ~~103 Merrimac Trail~~ 103 Merrimac Trail
(Street Address of Principal Office)
- PO BOX 465
(Mailing Address)
- PINEDALE, WY
82941
- PINEDALE, WY
82941
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: MICHELLE D CONKLIN
- Office Address: 36880 WASHINGTON LOOP RD RV LOT 1
C/O LYDIA WILLIAMS
- PUNTA GORDA, Florida 33982
(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.

M Conklin
(Registered agent's signature)

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TALLAHASSEE, FL

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>
☐ Manager	Name: MICHELLE D CONKLIN	☐ Manager	Name: MICHAEL B CONKLIN
☐ Member	Address: PO BOX 465	☒ Member	Address: PO BOX 465
☐ Authorized	PINEDALE, WY 82491	☐ Authorized	PINEDALE, WY 82941
Person		Person	
☒ Other PRESIDENT	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	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. 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.



Signature of an authorized person
MICHELLE D CONKLIN

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,

CONK SHELL, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 3, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000667919**.

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 27th day of February, 2025 at 12:25 PM. This certificate is assigned ID Number 082331323.



A handwritten signature in cursive script that reads "Chuck Gray". The signature is written in black ink and is positioned above a horizontal line.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.