

F240000003680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

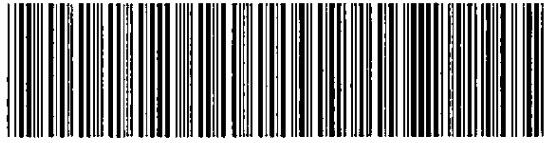
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 JUL -9 PM 4:45



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2024

DALE SNOOK  
PO BOX 1258  
BELLAIRE, MI 49615 US

SUBJECT: SUMMERLAND RENTAL LLC  
Ref. Number: W24000090078

We have received your document for SUMMERLAND RENTAL 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):

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.

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.

Andrea Andrews  
Regulatory Specialist II

**RECEIVED**

Letter Number: 324A00012939

JUL - 9 2024

4-7028

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Summerland Rental 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:

Dale Snook  
 \_\_\_\_\_  
 Name of Person

same  
 \_\_\_\_\_  
 Firm/Company

PO BOX 1258  
 \_\_\_\_\_  
 Address

Bellaire Michigan 49615  
 \_\_\_\_\_  
 City/State and Zip Code

oneononeinc(@msn.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale Snook	231	620-2776
_____	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 & 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 ACCORDANCE 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

Summerland Rental LLC

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

2. Name, or alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

State Of Michigan USA

99-17116357

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (EIN number, if applicable)

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

4355 McKinney rd

Po Box 1258

5. (Street Address of Principal Office)

6. (Mailing Address)

Bellaire Michigan 49615

Bellaire Michigan 49615

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

Name: Bluescape Vacation Rentals, LLC

Office Address: 22976 Overseas Hwy.

Cudjoe Key FL, Florida 33042  
(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.

  
(Registered agent's signature)

2014 JUL -9 PM 4:45

For informational purposes, list names, title or capacity and addresses of the primary members, managers or persons under control of the corporation.

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Kelly Gardner	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 22976 Overseas Hwy.	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Cocoa Key FL 32922	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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. See *relevant 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)*

*I, \_\_\_\_\_, 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.*

*Kelly Gardner*  
Signature of an authorized person

Kelly Gardner

UNITED STATES OF AMERICA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

**SUMMERLAND RENTAL LLC.**

was validly authorized on March 1, 2024, as a Michigan  
DOMESTIC LIMITED LIABILITY COMPANY  
and said limited liability company is validly in existence under the laws of this state and has satisfied its  
annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is  
in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 27th day of June, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 24060598101