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SECRETARY OF STATE OF STATE OF CORPORATIONS

08-25-11-01016-058 **130.00

COVER LETTER

	Registratio Division of					
SUBJECT	r:	? 4		PROPERT Name	of Limited Liability Compa	pka, LLC
						on to Transact Business in Florida, liability company to transact business
Please retu	ırn all cor	respond	ence co	ncerning this matt	er to the following:	· 7
		2	EN	Jong	Name of Person	
					Name of Person	
						Popka, LLC
			0.0.	Box	4403 Address	
					Address	
			Ppo	PKA, F	7. 32704 City/State and Zip Code	
		P	<u>UM</u>	A 690-5	be used for future annual rep	ort notification)
For further	r informat			this matter, please		ort notification)
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<u></u>	NOR	M	<u></u>	OKINEN	at (788-5907
		N	lame of	Person CA H	Area Code & Daytime Te	lephone Number
D Re P.	IAILING Division of egistration O. Box 6 allahasses	Corpor n Sectio 327	ations n		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	•
	l is a che 125.00 Fil		₽38	llowing amount 130.00 Filing Fee ertificate of Status	& \$155.00 Filing Fee &	\$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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. C+L Par PERTIES OF Apocka LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
CAL PROPERTIES OF APOPLA FILLE
(If name unavailable, enter alternate name adopted for the surpose of transacting business in Florida and attach a copy of the surpose
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lability Company," "L.L.C," "LLC.")
2. State of Delaware 3. 54.2105689 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. 4-2.03 5. 4-2.2033 (Duration: Year limited liability company will cease to
4. 4-2-03 (Date of Organization) 5. 4-2-2033 (Duration: Year limited liability company will cease to exist or "perpetual")
6. Cuntinuation of Rusidential Runtal Units Parviously hula (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) IN INDIVIDUAL NAME
7. 1258 GAEEN Vista Circle, Apopla, Fl., 32712
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
LEN JORDAN P.O. BOX 4403 - Apopka, Fl. 32704.
10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
RESIDENTIAL RENTAL PROPERTY
- COSTABATION TO SERVEY
Left han J
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)
LEN Toudan

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
C+L Properties of Apopka, LCC
If unavailable, the alternate to be used in the state of Florida is:
CIL Pasperties of Apopla FI, LLC
2. The name and the Florida street address of the registered agent and office are:
Nona Jokinen (Name)
(Name)
1258 GAREN VISTA CIACLE
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Apopka FL 37712 City/State/Zip
City/State/Zip
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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature)
\$ 100.00 Filing Fee for Application
✓ \$ 25.00 Designation of Registered Agent

30.00

5.00

Certified Copy (optional)
Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "C & L PROPERTIES OF APOPKA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3643100 8300

110924160

You may verify this certificate online at corp.delaware.gov/authver.shtml

DATE: 08-16-11

Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 8973623