M1400005924

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W14-477	117	

Office Use Only



500262664735

500262664735 08/04/14--01029--010 **125,00



AUG 1.9 2014 D. BRUCE

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2014

MICHAEL G. WOHLEN HAUS 27892 GREENWOOD DR ADEL, IA 50003

SUBJECT: SANDY GETAWAY GROUP LLC

Ref. Number: W14000047717

We have received your document for SANDY GETAWAY GROUP 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Deborah Bruce Regulatory Specialist II AUG 18 PM 2: 29

Letter Number: 114A00016707

www.sunbiz.org

COVER LETTER

TO:

	ration Section on of Corporatio				((6)		
SUBJECT:	SANO-	1 GE	TAWA	Hy GROY	p LLC	,	
The englosed "/	Application by Fo	voian Limited I	iability Com	cany for Authorization to T	rancost Rucinece in Flori	ida " Centific	ate of
				enced foreign limited liabil			
Please return all	correspondence	concerning this	matter to the	following:			
	1/1		_	/ / /			
		CHAEL		WOHL EN	MAUS		
			Na	ame of Person			
			Fi	пп/Сотрапу			
	27	892	Carel	Cal. Survey	De		
	201	- 1 A	C-7C-F	NWOOD Address			
	140	EL		50003 tate and Zip Code			
		WOHLE	NHAU	S@icLoud	COM		
				i for tuture annual report nou	ication)		
For further info	rmation concerni	ig this matter, p	lease call:				
M	IKE W	MILENE	IALLS	_ at (<u>515</u>) _ 7/	0-5455		
<u> </u>	Name	of Contact Person	1	Area Code I	Daytime Telephone Number	,	
	ING ADDRESS			TADDRESS:			
	on of Corporation ration Section	S		n of Corporations ation Section			
	ox 6327			Building			
	assee, FL 32314			xecutive Center Circle		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15-3 1570
			Tallaha	ssee, FL 32301		77. C.	=
Enclosed is a	check for the	following an	ount:				S
imeresea is	5.00 Filing Fee	□ \$130.00 F	iling Fee &	□ \$155.00 Filing Fee &	□ \$160.00 Filing Fc	e. Certificate	: px
- - } □/\$ 12		Certificate	of Status	Certified Copy	of Status & Certif	free	ထ
→ □ /\$12	S F 421					ा हो। सारा	P 🧗
* @\$12 ALREADY	ノニル・						
→ □ \$12	<i>)=N</i> ,	•					
¥ □ /\$12	<i>)=</i> ~ ·					2000年1	2:29

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. SANDY (OFTHURY GROUP LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.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. I 6 WA (Jurisdiction under the law of which foreign limited liability) 3. 47-1283615 (FEI number, if applicable)
company is organized)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605 0004 & 605 0005 F.S. to determine parenty liabilities)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 27892 GREENWOOD DR.
ADFL, TA 50003 (Street Address of Principal Office)
6SAME
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
LARRY + TRACY LONG 4075 HAMMONTAGE CT. CLIVE, IN 5032. MIKE + JOSS WOHLENHAMS 27892 GREENWOOD DR ADEC, IA
MILE + JODY WOHLENHAMS 27892 GREENWOOD DR ADEC, IA
LARRY LONG - PRESIDENT MIKE WOHLENMAS V.P. 5000
8. 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)
I had the
Signature of an authorized person
In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herei fear true-state and aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.455 [1.5.]
MIKE WOHLENHAUS
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (A)(L), IT ORIDA STATE TES, 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:
SANDY GETAWAY GEOUP LLC
If anavoilable, the alternate to be used in the state of I lorida is.
2. The name and the Horida street address of the registered agent and office are:
JUDITH-LEE HEMSTREET
(Nime)
1750 ESTERO BLUD.
Florida Street Address (P.O. Box NOT ACCUSTABLE)
FORT MYERS BEACHE 33931
City State / it

Having been named as registered agent and to accept service of process for the above stated limited tiability company at the place designated in this certificate. I hereby accept the appointment us 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 invalutes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes

«Signature»

S/100.00

Filing Fee for Application

\$ 25.00

Designation of Registered Agent

S 30.00

Certified Copy (optional)

S 5.00

Certificate of Status (optional)

SIMILOUS SENTENCES

AllC I 8 PM 2-20



SECRETAIRY OF STATE

CERTIFICATE OF EXISTENCE

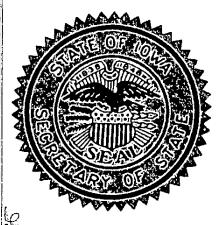
Date: 8/15/2014

Name: SANDY GETAWAY GROUP, LLC (489DLC - 483598)

Date of Incorporation: 8/7/2014

Duration: PERPETUAL

- I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. The Secretary of State has not administratively dissolved the limited liability company.
 - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.



MATT SCHULYZ SECKETARY OF STATE

Pagazan un