

M190000994k

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

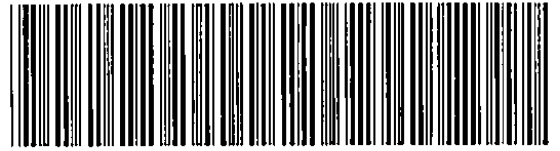
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000335403780

2019 OCT 17 AM 11:23

19 OCT 17 PM 3:45

T GLASS

OCT 18 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 014651 7548384

AUTHORIZATION :

Louise Coleman

COST LIMIT : \$125.00

ORDER DATE : October 17, 2019

ORDER TIME : 2:48 PM

ORDER NO. : 014651-005

CUSTOMER NO: 7548384

FOREIGN FILINGS

NAME: VIGNOBLES SULLIVAN LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

2019 OCT 17 PM 11:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vignobles Sullivan 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

Please return all correspondence concerning this matter to the following:

Mark Domash

Name of Person

Vignobles Sullivan LLC

Firm/Company

844 Alton Road Suite 3

Address

Miami Beach, FL 33139

City/State and Zip Code

mdomash@parkstm.com

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

For further information concerning this matter, please call:

Mark Domash

786

216-7300

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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, C
of Status & Certified

2019 OCT 17 4:11:23

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

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

3. 83-3390279
(FEI number, if applicable)

4. 01/24/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 844 Alton Road, Suite 3
(Street Address of Principal Office)

6. 844 Alton Road Suite 3
(Mailing Address)

Miami Beach, FL 33139
Miami Beach, FL 33139

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2019 OCT 17 PM 11:23

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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.

By: Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

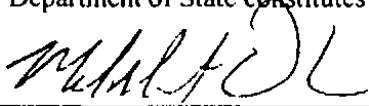
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons at manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
☐ Manager	Name:	Thomas D Sullivan		☐ Manager	Name:	Mark Domash	
☒ Member	Address:	844 Alton Road Suite 3		☐ Member	Address:	844 Alton Road Sui	
☐ Authorized		Miami Beach Fl 33139		☒ Authorized		Miami Beach, FL 33139	
Person				Person			
☐ Other		☐ 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 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 recor jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate u 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 inform 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

Mark Domash

Typed or printed name of signee



Tre Hargett
Secretary of State

Division of Business Service
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

SHARON WALLS
SHARON WALLS
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

October 17

Request Type: Certificate of Existence/Authorization
Request #: 0334786

Issuance Date: 10/17/2019
Copies Requested: 1

Document Receipt

Receipt #: 005066530 Filing Fee: \$
Payment-Credit Card - State Payment Center - CC #: 3767692702 \$

Regarding: Vignobles Sullivan LLC
Filing Type: Limited Liability Company - Domestic Control #: 1008295
Formation/Qualification Date: 01/30/2019 Date Formed: 01/30/2019
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective the issuance date noted above

Vignobles Sullivan LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.


Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 031