

M 21 0000004112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

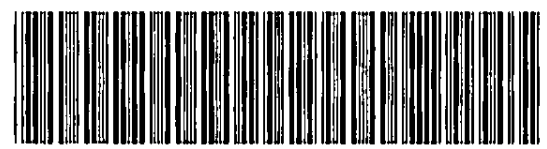
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
W21000002449

Office Use Only



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02/17/21--01015--012 \*\*125.00

04/12/21--01003--006 \*\*777.50

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2021 APR -9 PM 4:14  
CLERK OF SUPERIOR COURT  
STATE OF MICHIGAN

CS  
4/10/21 ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2021

MATTHEW S. CHANDLER  
852 LOWCOUNTRY BLVD.  
STE 101  
MT. PLEASANT, SC 29464

SUBJECT: PLANTATION BLVD VENTURES, LLC  
Ref. Number: W21000024499

We have received your document for PLANTATION BLVD VENTURES, 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

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.

Yvette Scott  
Document Specialist II

Letter Number: 921A00003858

RECEIVED  
APR 02 2021

February 12, 2021

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

Re: Foreign LLC Applications

Dear Sir or Madam,

I hope you are doing well. Please find enclosed the application for a foreign limited liability company to transact business in Florida. I have also included a check for each application's filing fees as well as the necessary certification from the State of Wyoming.

If you should require any further information or have any questions, please do not hesitate to contact our office.

Sincerely,



R. Campbell Garrard  
robert@trippwiles.com

RECEIVED  
2021 APR -9 PM 4:14  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PLANTATION BLVD VENTURES, 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:

MATTHEW S. CHANDLER  
Name of Person

---

WILES LAW FIRM, LLC  
Firm/Company

---

852 LOWCOUNTRY BLVD., STE. 101  
Address

---

MT. PLEASANT, SC 29464  
City/State and Zip Code

---

WILESLAWFIRMLLC@GMAIL.com  
E-mail address: (to be used for future annual report notification)

2021 APR -9 PM 4:14

FILED

For further information concerning this matter, please call:

MATTHEW S. CHANDLER at (843) 718-0232  
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 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. PLANTATION BLVD VENTURES, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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 "LLC.")

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

3. \_\_\_\_\_  
(FEI number, if applicable)

4. DECEMBER 13, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 852 LOWCOUNTRY BLVD., STE. 101  
(Street Address of Principal Office)

6. 852 LOWCOUNTRY BLVD., STE. 101  
(Mailing Address)

MT. PLEASANT, SC 29464

MT. PLEASANT, SC 29464

843-718-0232

843-718-0232

2022 APR -9 PM 4:16  
FILED

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

Name: REGISTERED AGENT SOLUTIONS INC.

Office Address: 155 OFFICE PLAZA DR., STE. A

TALLAHASSEE, Florida 32301  
(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.

Mackenzie Hart Mackenzie Hart, Assistant Secretary  
(Registered agent's signature)

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>
<input checked="" type="checkbox"/> Manager	Name: <u>AQUILLA SCOTT TURK, III</u>
<input checked="" type="checkbox"/> Member	Address: <u>1617 MARSH HARBOR LN</u>
<input type="checkbox"/> Authorized Person	<u>MT. PLEASANT, SC 29464</u> <u>843-670-5399</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>BETSY SANTIAGO TURK</u>
<input checked="" type="checkbox"/> Member	Address: <u>1617 MARSH HARBOR LN</u>
<input type="checkbox"/> Authorized Person	<u>MT. PLEASANT, SC 29464</u> <u>843-670-5399</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

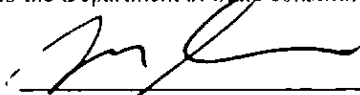
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____
<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. 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

MATTHEW S. CHANDLER

\_\_\_\_\_  
 Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**PLANTATION BLVD. VENTURES, LLC**

is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 19, 2019**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2019-000886070**.

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 12th day of February, 2021 at 1:30 PM. This certificate is assigned ID Number 042268835.



*Edward A. Buchanan*  
Secretary of State

2021 FEB -9 PM 1:15  
FILED