

W21000004113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

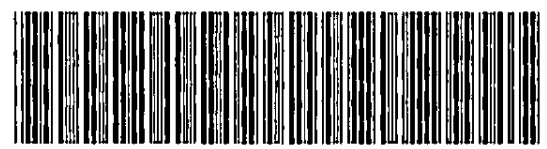
(Document Number)

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Special Instructions to Filing Officer:

W21000024500

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02/17/21--01015--013 **125.00

04/12/21--01003--007 **777.50

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2021 APR -9 PM 4: 14
CLERK OF STATE
COURT HOUSE
COLUMBIA, MISSISSIPPI

YS
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: AVACADO, LLC
Ref. Number: W21000024500

We have received your document for AVACADO, 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: 321A00003859

RECEIVED
APR 02 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVACADO, 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 843 718-0232
Name of Contact Person at () 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. AVACADO, 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)
MT. PLEASANT, SC 29464
843-718-0232
6. 852 LOWCOUNTRY BLVD., STE. 101
(Mailing Address)
MT. PLEASANT, SC 29464
843-718-0232

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, 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]:

Title or Capacity: Manager Name: AQUILLA SCOTT TURK, III
 Member Address: 1617 MARSH HARBOR LN
 Authorized MT. PLEASANT, SC 29464
 Person 843-670-5399
 Other _____ Other _____

Title or Capacity: Manager Name: BETSY SANTIAGO TURK
 Member Address: 1617 MARSH HARBOR LN
 Authorized MT. PLEASANT, SC 29464
 Person 843-670-5399
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____


Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ 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 signer

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,

AVACADO, 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 **2019-000886065**.

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 1:29 PM. This certificate is assigned ID Number 042268633.



Edward A. Buchanan
Secretary of State

2021 FEB 12 PM 1:29
SECRET
ED