M22000005392

(Re	equestor's Name)					
(Ad	idress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						





500383998905

03/21/22--01033--009 **125.00



Y. SCOTT APR 1 0 2022

COVER LETTER

TO:

:

BJECT: _	Mineola Carlyle LLC, a Colorado limited	hability company					
	Name of Limited Liability Company						
e enclosed ". istence, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi	" Certifica iness in Fl				
ase return a l	I correspondence concerning this matter to	o the following:					
	Ryan S. Thorson						
		Name of Person					
	Johnson Muffly & Dauster, PC	ر ا ا ا ا م ا مراحم	7022 HAR 2				
		Firm/Company	为 ~ 3) :**				
	323 S. College Avenue, Suite 1	2.5. 2.0.0	*				
		Address	<u>ا</u> س				
	Fort Collins, CO 80524	FI.E	PH 3: 15				
	C	ity/State and Zip Code	-				
	rthorson@nocolawgroup.com						
	E-mail address: (to be	e used for future annual report notification)	-				
r further info	ormation concerning this matter, please ca	II:					
Ryan S. Thorson		970 482-4846 at ()	_				
	Name of Contact Person	Area Code Daytime Telephone Number					
	ng Address: stration Section	Street Address: Registration Section					
	sion of Corporations	Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee					
rana	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	sed is a check for the following amount: make check payable to: FLORIDA DEF	A DESCRIPT OF STATE					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mineola Carlyle LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.	")	
(If name unavailable, enter alternate of	name adopted for the purpose of transacting business in F	lorida. The a	lternate name must include "Limited	Liability Company," "L.L.	C," or "LLC.")
Colorado 2.		3.	87-4654783		
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)			
April 1, 2022 4.				202	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty l) ability)	2 KA	====
2472 Lamar Street, Ed 5.	gewater, CO 80214	6	2472 Lamar Street, Edgev	water. CO 8021	, es.
(Street Address of Principal Office)			(Mailing Address)	SSE PH	T
	,	_		HS W	
				بار 15	
· · · · · ·		-			
7. Name and street address	s of Florida registered agent: (P.O. Box	C <u>NOT</u> a	cceptable)		
Name:	InCorp Services, Inc.				
Office Address:	17888 67th Court North	 			
	Loxahatchee		33470 , Florida		
	(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.

Amber Ragland on behalf of InCorp Services, Inc.

(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:** Name and Address: Title or Capacity: Name and Address: TS Carlyle LLC □Manager □ Manager Address: ___ ■Member □ Member Address: _____ Edgewater, CO 80214 □ Authorized □ Authorized Person Person □Other____ □Other_____ □Other □Other Name: _____ □Manager □Manager □ Member Address: ■ Member Address: □ Authorized □ Authorized Person Person □Other_____ □Other Other _____ Name; _____ □Manager Name: _____ □ Manager □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. Nonindexed 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 \$.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Rvan S. Thorson

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Mineola Carlyle LLC

is a

Limited Liability Company

formed or registered on 01/24/2022 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20221086504.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/11/2022 that have been posted, and by documents delivered to this office electronically through 03/14/2022 @ 15:30:33

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/14/2022 @ 15:30:33 in accordance with applicable law. This certificate is assigned Confirmation Number 13865844



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us.biz/CertificateSearchCriteria.do/entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://doi.org/10.1007/10

*************End of Certificate*

www.sos.state.co.us_click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."