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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO  
Account Number : 119980000098  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

Foreign Limited Liability Company  
24 BENTLEY LANE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
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April 17, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO

SUBJECT: 24 BENTLEY LANE, LLC  
REF: W24000060912

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any further questions concerning your document, please call (850) 245-6051.

Andrea Andrews  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H24000137272  
Letter Number: 324A00008369

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 24 BENTLEY LANE, 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:

THOMAS W. GUSTAFSON

Name of Person

Firm/Company

2875 S ORANGE AVE STE 500-PMB2615

Address

ORLANDO, FL 32806-5471

City/State and Zip Code

gustafson.t.w@gmail.com

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

For further information concerning this matter, please call:

REGINA RABITAILLE

407

669-4200

Name of Contact Person:

at ( )

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

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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. 24 BENTLEY LANE, 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. ARKANSAS (Jurisdiction under the law of which foreign limited liability company is organized)
3. 99-2253911 (FEI number, if applicable)

4. April 15, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 24 BENTLEY LANE (Street Address of Principal Office)
6. 2875 S ORANGE AVE STE 500-PMB2615 (Mailing Address)
BELLA VISTA, AR 72715 ORLANDO, FL 32806-5471

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

Name: THOMAS W. GUSTAFSON
Office Address: 1816 BIMENT DRIVE
ORLANDO, Florida 32806
(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.

Designated by:
[Signature]
(Registered agent's signature)

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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:

Manager Name: THOMAS W. GUSTAFSON  
 Member Address: 2875 S ORANGE AVE STE 500-PMB2615  
 Authorized Address: ORLANDO, FL 32806-5471  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:

Manager Name: LESLEY GUSTAFSON  
 Member Address: 2875 S ORANGE AVE STE 500-PMB2615  
 Authorized Address: ORLANDO, FL 32806-5471  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: ANN E. SHANKLIN  
 Member Address: 2875 S ORANGE AVE STE 500-PMB2615  
 Authorized Address: ORLANDO, FL 32806-5471  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized Address: \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

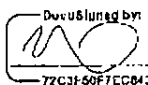
Manager Name: RICHARD GUSTAFSON  
 Member Address: 2875 S ORANGE AVE STE 500-PMB2615  
 Authorized Address: ORLANDO, FL 32806-5471  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized Address: \_\_\_\_\_  
 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) (h), 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.

Digitized by  
  
 72031-5077 ECOM 00... Signature of an authorized person  
 THOMAS W. GUSTAFSON  
 \_\_\_\_\_  
 Typed or printed name of signer

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**Arkansas Secretary of State  
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**24 BENTLEY LANE, LLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office March 22, 2024.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 17th day of April 2024.



*John Thurston*

**John Thurston**  
Secretary of State  
Online Certificate Authorization Code: 4a9a71193d6bfa6  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)