

F20000505444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

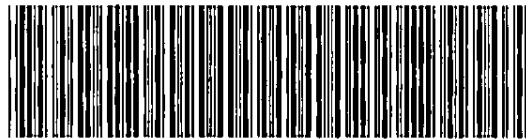
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/30/20--01028--008 **125.00

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RECEIVED

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NOV 30 2020

Sandro Visani
Visani Managed properties LLC
96 Vivante Blvd. Unit 9631
Punta Gorda, FL, 33950

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL, 32314

Gentlemen.


I am submitting the required documents to register my LLC (see above) in Florida. Please take note that the current address of the LLC in South Dakota is no longer occupied by me since I have relocated to Florida permanently and the South Dakota property is currently being rented and will be included among the assets of the Visani Managed Properties LLC as soon as the required paperwork, already sent, is received and duly filed.

I intend to terminate the South Dakota registration of the above LLC as soon as I have confirmation that it is now lawfully registered in Florida and after that time it is my intention to continue to operate as a Florida LLC.

I have completed the enclosed documentation and official forms to the best of my ability and I am including this explanation to clarify the situation in relation to the issue of address of the LLC.

If additional clarification of documentation is required, please do not hesitate to contact me. I can be reached at 605-630-4288 or via e-mail at sandrovd@yahoo.com.

Best regards,



Sandro Visani

Punta Gorda 11-25-2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISANI MANAGED PROPERTIES 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:

SANDRO VISANI
Name of Person

VISANI MANAGED PROPERTIES LLC
Firm/Company

96 VIVANTE BLVA unit 9631
Address

PUNTA GORDA FL 33950
City/State and Zip Code

Sandro.sda@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRO VISANI at (605) 630-4288
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. VISANI MANAGED PROPERTIES 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. SOUTH DAKOTA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-3876715
(FEI number, if applicable)

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

5. 5408 S. DURHAM AVE.
(Street Address of Principal Office)

6. 5408 S. DURHAM AVE.
(Mailing Address)

SIoux FALLS

SIoux FALLS SD 57108

SOUTH DAKOTA 57108

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

Name: SANDRO VISANI

Office Address: 96 VIVANTE BLVD #9631

PUNTA GORDA, Florida 33950
(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.

Sandro Visani
(Registered agent's signature)

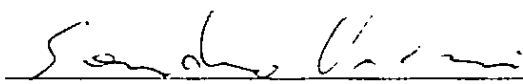
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>SANDRO VISANI</u>	<input type="checkbox"/> Manager	Name: <u>BRENDA J. VISANI</u>
<input type="checkbox"/> Member	Address: <u>96 VIVANTE BLVD</u>	<input checked="" type="checkbox"/> Member	Address: <u>96 VIVANTE BLVD</u>
<input checked="" type="checkbox"/> Authorized	<u>UNIT 9631</u>	<input checked="" type="checkbox"/> Authorized	<u>UNIT 9631</u>
Person	<u>PUNTA GORDA FL 33950</u>	Person	<u>PUNTA GORDA FL 33950</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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

SANDRO VISANI
Typed or printed name of signee

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

I, **Steve Barnett**, Secretary of State of the State of South Dakota, hereby certify that

VISANI MANAGED PROPERTIES LLC

Business ID: DL043548

was authorized to transact business in this state on: May 5, 2015.

I, further certify that **VISANI MANAGED PROPERTIES LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, November 24, 2020.

Steve Barnett

Steve Barnett
Secretary of State

11/24/2020 2:35 AM

Verification #: 013837626



OFFICE OF THE SECRETARY OF STATE

STEVEN J. BARNETT, SECRETARY OF STATE

JASON LUTZ, DEPUTY SECRETARY OF STATE

SANDRO VISANI

96 VIVANTE BLVD.

9631

PUNTA GORDA, FL 33950

November 24, 2020

Request Type: Certificate of Good Standing/Authorization

Request #: 0156226

Issuance Date: 11/24/2020

Copies Requested: 1

Document Receipt

Receipt #: 001763497

Filing Fee: \$20.00

Payment-Credit Card - SANDRO VISANI, PUNTA GORDA, FL #: 0135268736

\$20.00

Regarding: VISANI MANAGED PROPERTIES LLC

Filing Type: Domestic Limited Liability Company

Business ID: DL043548

Formation/Qualification Date: 05/05/2015

Date Formed: 05/05/2015

Status: Good Standing

Formation Locale: SOUTH DAKOTA

Duration Term: Perpetual

Inactive Date:

Business County:
