F2300005756

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COVER LETTER

TO: Registration Section Division of Corporation	ns			
•	MANAGEMENT, INC	-		
	Name of corporatio	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by F "Certificate of Existence," or "Cabove referenced foreign corporations."	Lertificate of Good Stat	nding" and check are so	act Business in Florida," abmitted to register the	
Please return all correspondence	concerning this matte	r to the following:		
Judy Perry				
	Name of	Person		
Anthony J. Gargano, P.A.				
	Firm/Con	ıpany		
8695 College Parkway, Suite 201				
	Addr	ess		
Fon Myers, FL 33919				
	City/State a	nd Zip code		
tgargano@garganolaw.com				
É-ma	l address: (to be used I	or future annual report	notification)	
For further information concerni	ng this matter, please o	all:		
Judy Perry	at (<u>239</u>	337-2280		
Name of Person	Area Code	Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
-	RIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	lable in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Florida)	
Delaware	3			
(Dat	e of incorporation)	(Date of duration, if othe	(Date of duration, if other than perpetual)	
September 29,	2023			
10115: 11	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liabi	lity)	
191 Bird Lane.	Sanibel, FL 33957			
	(Principal office	street address)		
				
	(Current mailing a	ddress, if different)		
معقم اسم حجوما	ot address of Florida society of a control (D.O.)	NOT . III		
vame and <u>sire</u>	et address of Florida registered agent: (P.O. F	sox NOT acceptable)	,	
Name:	Anthony J. Gargano, P.A.	_) 9808 (J	
ce Address:	8695 College Parkway, Suite 201		ı	
ce Audiess.	Fort Myers, FL		\$ 50 L	
	Fort Mycis, Ft.	, Florida 33919 (Zip code)	<u> </u>	
	(City)	(Zip code)	?	
			·· 	
Registered ag	ent's acceptance:		سقد	
ing been nam	ent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointmen		d corporation at the pi	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	· · · · · · · · · · · · · · · · · · ·		1
□Chairman	Name: RyAN VAN HAAKTRECHY	□ Chairman	Name: LOVIS VAN HANSTRECHT
□Vice Chairman	Address: 3624 Dorothy Ave	□ Vice Chairman	Address: 19 BIRD LANE
□Director	Dallas Texas 75209	Director	SAMIREL FLORIDA 3395:
President	Ryan Van Haastrecht	□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	☐ Treasurer
Other	Other	Other	Other
□ Chairman	Name: LORMAINE UNN HARSTREEM	□Chairman	Name:
□Vice Chairman	Address: 1191 BIRD LANG	□Vice Chairman	Address:
Director	SANIBEL FLORDA 33757	□Director	
President		President	
□Vice President		□Vice President	
Secretary	Treasurer	□Secretary	○Treasurer
□Other	Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
President		□President	
□Vice President		□Vice President	
□ Secretary	☐Treasur e r	☐ Secretary	☐ Treasurer
Other		Other	Other
	Use an attachment to report more than six (6). The attac added to the index when filing your filorida Departmen		
12.	Signature of Director or		
The officer or direc	tor signing this document (and who is listed in number lise information submitted in a document to the Departm	11 above) affirms that nent of State constitut	at the facts stated herein are true and that he or les a third degree felony as provided for in
13.	Ryan Jan Haas TRECHT (Typed or printed name and capacity of person	TRESIDEN	
	() yped of printed name and capacity of persor	n signing application)	

<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MURIEL COURT MANAGEMENT, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D.

2023.

at corn delaware gov/auti

Authentication: 204209763

Date: 09-20-23

5252764 8300 SR# 20233539176