

F240000002726

(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:

W24-67807

Office Use Only



200427743702

04/15/24--01032--001 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY 22 AM 11:54



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2024

JUSTIN MOWITZ
2445 SW 76TH ST #140
GAINESVILLE, FL 32608 US

SUBJECT: LAJADA, INC.
Ref. Number: W24000067807

We have received your document for LAJADA, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 724A00009437

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lajada, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Justin Mowitz
Name of Person

Mowitz Law, LLC
Firm/Company

2445 SW 76th St #140, Gainesville, FL 32608
Address

City/State and Zip code

justin@mowitzlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Mowitz at (352) 389-0607
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 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.

1. Lajada, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee 3. 62-1522379
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/16/1993 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 802 NW 16th Ave, Ste A, Gainesville, FL 32601
(Principal office street address)

802 NW 16th Ave, Ste A, Gainesville, FL 32601
(Current mailing address, if different)

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

Name: Justin Mowitz, Esq

Office Address: 2445 SW 76th St #140

Gainesville

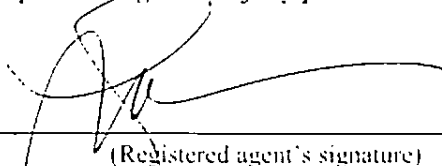
(City)

Florida 32608

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation and the duties designated in this application, I hereby accept the appointment as registered agent and agree to act in the capacity of registered agent. 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.



(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY 22 AM 11:54

A. DIRECTORS

<input type="checkbox"/> Chairman	Name <u>Danny R. Rogers</u>	<input type="checkbox"/> Chairman	Name _____
<input type="checkbox"/> Vice Chairman	Address <u>1503 Mother Goose Trl</u>	<input type="checkbox"/> Vice Chairman	Address _____
<input type="checkbox"/> Director	<u>Lockport Mountain, GA</u>	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	<u>30750</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name <u>Mary Pat Rogers</u>
<input type="checkbox"/> Vice Chairman	Address <u>2125 NW 7th Ter</u>
<input type="checkbox"/> Director	<u>Gainesville Florida</u>
<input type="checkbox"/> President	<u>32109</u>
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name <u>Manda ROGERS</u>
<input type="checkbox"/> Vice Chairman	Address <u>1501 Peter Pan Road</u>
<input type="checkbox"/> Director	<u>Lkt. Mtn, Georgia</u>
<input type="checkbox"/> President	<u>30750</u>
<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name _____
<input type="checkbox"/> Vice Chairman	Address _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name _____
<input type="checkbox"/> Vice Chairman	Address _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<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

12. Danny R. Rogers - President
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Danny R. ROGERS - President
 Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MOWITZ LAW, LLC
MELANIE YARBROUGH
STE 140
2445 SW 76TH ST
GAINESVILLE, FL 32608

May 16, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0583648

Issuance Date: 05/16/2024
Copies Requested: 1

Document Receipt

Receipt #: 009002504 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3874248980 \$20.00

Regarding: LAJADA, INC.

Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 02/16/1993
Status: Active
Duration Term: Perpetual
Business County:

Control #: 262539
Date Formed: 02/16/1993
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

LAJADA, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has not filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.


Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 067583631