

F24000003680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

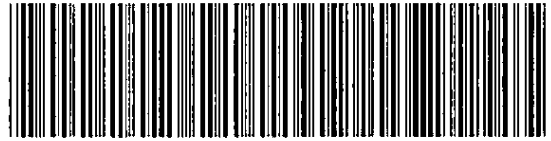
(Document Number)

Certified Copies _____ Certificates of Status _____

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w24000090078

Office Use Only



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05/31/24--01005--007 **125.00

2024 JUL -9 PM 4:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2024

DALE SNOOK
PO BOX 1258
BELLAIRE, MI 49615 US

SUBJECT: SUMMERLAND RENTAL LLC
Ref. Number: W24000090078

We have received your document for SUMMERLAND RENTAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Andrea Andrews
Regulatory Specialist II

RECEIVED Letter Number: 324A00012939

JUL - 9 2024

47008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Summerland Rental 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:

Dale Snook

Name of Person

same

Firm/Company

PO BOX 1258

Address

Bellaire Michigan 49615

City/State and Zip Code

oneononeinc(@msn.com

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

For further information concerning this matter, please call:

Dale Snook

231

620-2776

at ()

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

A CERTAIN 2077754700 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

Summerland Rental LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Name, and alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

State Of Michigan USA

99-17116357

3. Jurisdiction under the law of which foreign limited liability company is organized)

(EIN 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)

4355 McKinney rd

Po Box 1258

5. (Home Address of Principal Office)

6. (Mailing Address)

Bellaire Michigan 49615

Bellaire Michigan 49615

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

Name:

Bluescape Vacation Rentals, LLC

Office Address:

22976 Overseas Hwy.

Cudjoe Key FL

Florida

33042

(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.

Kelly Guanan
(Registered agent's signature)

6074 JILL - 9 F11 4:45

For reporting purposes only, list names, title or capacity and addresses of the primary members, managers or persons authorized to act on behalf of the organization.

<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: Kelly Gardner	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 22976 Overseas Hwy.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Cudde Key FL 33024	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

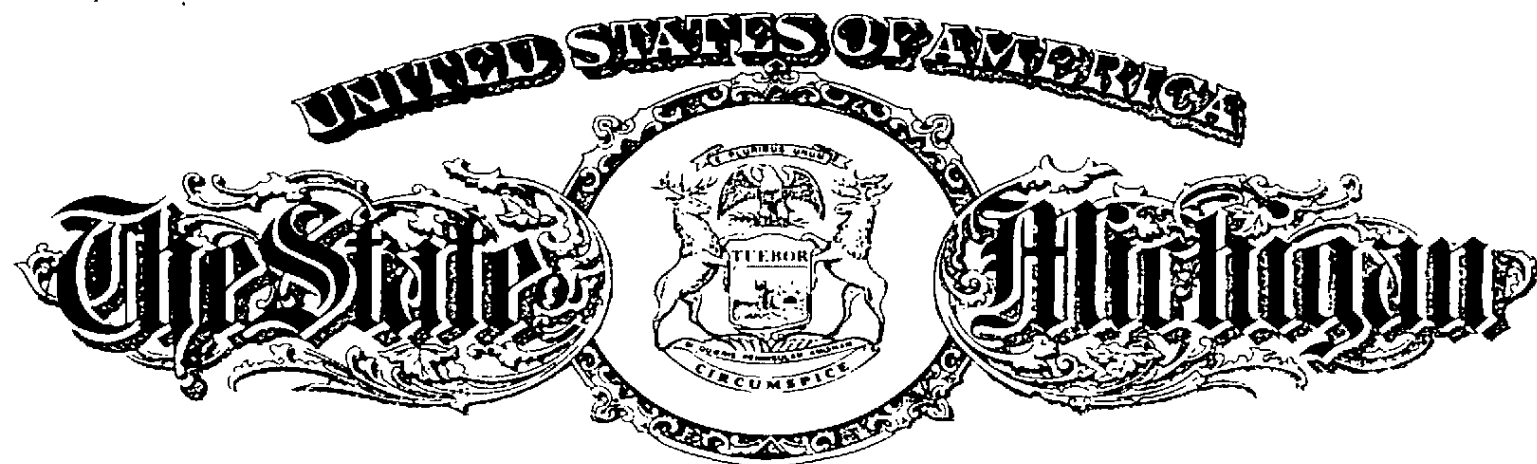
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Not all individuals may be added to the index when filing your Florida Department of State Annual Report form.

An 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.)

I, _____, 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

Kelly Gardner



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SUMMERLAND RENTAL LLC.

*was validly authorized on March 1, 2024, as a Michigan
DOMESTIC LIMITED LIABILITY COMPANY*

*and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand.
in the City of Lansing, this 27th day of June, 2024.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 24060598101