Fa400004391

(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



200434524632

08/09/24~-01022--007 **87.50



4565 AT DUA

COVER LETTER

	istration Section sion of Corporations			
SUBJECT	: CASITAS CORNWELL LL	C		
SODULOI	Name	of corporation - m	ust include suffix	
Dear Sir or I	Madam:			
"Certificate	d "Application by Foreign Co of Existence," or "Certificate nced foreign corporation to t	of Good Standing	and check are subm	
Please return	all correspondence concern	ing this matter to t	he following:	
Michael Con	nwell			
		Name of Pers	on	
Casitas Com	well LLC			
		Firm/Compan	y	
12738 Topsfi	ield Drive			
·		Address		
Orlando, Flor	rida 32837			
-		City/State and Z	Lip code	
casitascornw	ell@gmail.com			
	E-mail addres	s: (to be used for f	uture annual report no	otification)
For further i	nformation concerning this n	natter, please call:		
Michael Con	Name of Person at (352) 359-0207 Area Code Daytime Telephone Number			
Nar	me of Person	Area Code	Daytime Teleph	one 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	
	a check for the following am theck payable to: FLORIDA D iling Fee	EPARTMENT OF 1g Fee & \$7	STATE 8.75 Filing Fee & ertified 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. Casitas Cornwe	II LLC			
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATI	ON."	
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transac	ting business in Florida)	
2	y under the law of which it is incorporated)			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 06/20/2024	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
o	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration)	oility)	
7. Casitas Comwell	LLC. 2810 N Church St PMB 447387 Wilmingto	• •		
	(Principal office			
12738 Topsfield	Drive, Orlando, Florida, 32837		9	
	(Current mailing a	address, if different)	2024 AUG	
8. Name and stree	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)		
Name:	Michael Cornwell		9 PI	
Office Address:	12738 Topsfield Drive		PH	
	Orlando	Florida	· 号	
	(City)	(Zip code)	ı	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Michael Cornwell
(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.

A. DIRECTORS						
Chairman	Name: Michael Cornwell	□Chairman	Name:			
□Vice Chairman	Address: 12738 Topsfield Drive	□Vice Chairman	Address:			
□Director	Orlando, Florida 32837	□ Director				
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other Owner	Other	Other	☐Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□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	□Treasurer	□Secretary	Treasurer			
□Other	Other	□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. 12. **Ticklash Connection** 13. **Ticklash Connection** 14. **Ticklash Connection** 15. **Ticklash Connection** 16. **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. **Ticklash Connection** 13. **Ticklash Connection** 14. **Ticklash Connection** 15. **Ticklash Connection** 16. **Ticklash Connection** 17. **Ticklash Connection** 18. **Ticklash Connection** 19. **Ticklash Connection** 19. **Ticklash Connection** 19. **Ticklash Connection** 19. **Ticklash Connection** 10. **Ticklash Connection** 10. **Ticklash Connection** 11. **Ticklash Connection** 12. **Ticklash Connection** 13. **Ticklash Connection** 14. **Ticklash Connection** 15. **Ticklash Connection** 16. **Ticklash Connection** 17. **Ticklash Connection** 18. **Ticklash Connection** 18. **Ticklash Connection** 19. **Ticklash Connection** 1						
	Signature of Director of	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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in						

she is aware that s.817.155, F.S.

13. Michael Coruwell Owner / Claicman
(Typed or printed name and capacity of person signing application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CASITAS CORNWELL LLC" IS DULY FORMED

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

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-SIXTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CASITAS CORNWELL LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at corp. delaware goy/aut

Authentication: 204021143

Date: 07-26-24