

F24 000005205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

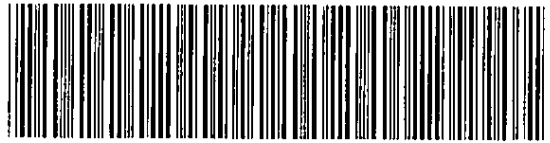
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000134152

Office Use Only



600435146236

2024 SEP 25 AM 4:50

ALL AM'S SOLUTIONS

2024 SEP 25 AM 4:50

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \_\$70.00\_

Authorization Signature: *[Signature]*

Park View Cam Inc. \_\_\_\_\_

Business

Document #

☐ Walk in

☐ Will wait

☐ Certified Copy of the filing

☐ Certificate of Status

### NEW FILINGS

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ INC  
☐ CORP  
☐ OTHER

### AMENDMENTS

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion  
☐ Statement of Correction.  
☐ Merger

### OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name  
☐ Statement of Authority  
☐ APOSTIL \_\_\_\_\_

COUNTRY

### REGISTRATION/QUALIFICATIONS

☒ Foreign Filing  
☐ Partnership  
☐ Reinstatement  
☐ CORRECTION for a Foreign LLC  
☐ Domestication of a Foreign Corp.  
☐ \_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

State of Florida Division of Corporations.

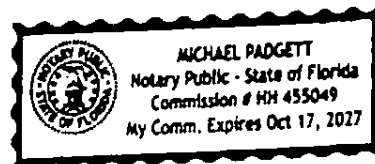
I am the owner of company ParkView Cam LLC. I have filed to dissolve this business and will not reopen it. Please release the use of the name ParkView Cam so that we can apply for it for our new out of state foreign corporation doing business in Florida that we would like to name it ParkView Cam Inc.

Thank You,

Aaron Angst  
ParkView Cam LLC

Name: Aaron Angst

Signature: 



Business Name: ParkView Cam LLC

Title: owner/CEO

Date: 10/3/24

# ***State of Florida***

## ***Department of State***

I certify from the records of this office that PARKVIEW CAM, LLC was a limited liability company organized under the laws of the State of Florida, filed on November 9, 2023, effective November 9, 2023.

The document number of this limited liability company is L23000510135.

I further certify that said limited liability company was voluntarily dissolved on October 1, 2024, effective October 1, 2024.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the Third  
day of October, 2024*



A handwritten signature in black ink, appearing to be "J. B. J.", is written over a horizontal line.

***Secretary of State***

Authentication ID: 300437418073-100324-L23000510135

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

**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.**

ParkView Cam Inc.

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

ParkView

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

Delaware

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

08/29/2024

4. \_\_\_\_\_ 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)

76 4th St. N. Saint Petersburg, FL 33731

7. \_\_\_\_\_  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Aaron Angst

Name: \_\_\_\_\_

76 4th St. N.

Office Address: \_\_\_\_\_

Saint Petersburg, FL

33731

(City)

(Zip code)

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.*

  
(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]:

**A. DIRECTORS**

Justin Rudolph

☐ Chairman Name: \_\_\_\_\_  
419 23rd St N, Saint Petersburg, FL 33713  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary Executive ☐ Treasurer  
☒ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary Executive ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary Executive ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

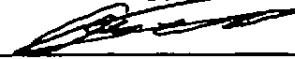
Leo DaLynx

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary Executive ☐ Treasurer  
☒ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary Executive ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary Executive ☐ Treasurer  
☐ 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.  \_\_\_\_\_  
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.

Aaron Angst

13. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)


# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "PARKVIEW CAM 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 TWENTY-NINTH DAY OF AUGUST, A.D.  
2024.



  
Jeffrey W. Bullock, Secretary of State

4904147 8300

SR# 20243553383

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204279419

Date: 08-29-24