

W09 00000 4844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

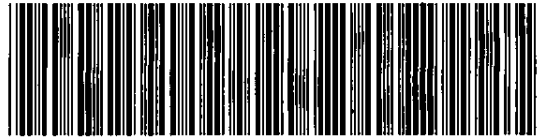
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789 707 676 671

Office Use Only



600162145736

12/04/09--01026--013 **87.50

12/11/09--01003--025 **72.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 11 PM 4:23

FILED

M. THOMAS

DEC 11 2009

EXAMINER

W09-53138

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

<note: no space>
Shadow9324 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:

Ronald Francis DeMara

Name of Person

Shadow9324 LLC

Firm/Company

9324 Shadow Pinar Ct.

Address

Orlando, FL 32825

City/State and Zip Code

rdemara@gmail.com

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

For further information concerning this matter, please call:

Ronald Francis DeMara

Name of Person

at 407 617 3974

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 11 PM 4:23

FILED

Enclosed is a check for the following amount:

- ☐ \$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

(Balance check for \$72.50 enclosed)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Dec 10 2009

December 7, 2009

att: Marsha

FROM:

RONALD FRANCIS DEMARA
9324 SHADOW PINAR CT.
ORLANDO, FL 32825

SUBJECT: SHADOW9324 LLC
Ref. Number: W09000053138

FILED
2009 DEC 11 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ✓ We have received your document for SHADOW9324 LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):
- ✓ We are enclosing the proper form(s) with instructions for your convenience. → completed & attached
- ✓ There is a balance due of \$72.50. → enclosed

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. → enclosed VERIFIABLE on

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 709A00037296

PLEASE NOTE :
(I confirmed with
you by phone it is OK)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Shadow9324 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. State of Delaware 3. 27-0898151
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Sept 10 2009 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. A new LLC - not conducting business yet
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 9324 Shadow Pinar Ct.
Orlando, FL 32825
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Ronald Francis DeMara, 9324 Shadow Pinar Ct., Orlando FL 32825

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Property purchase,
holding, and/or agriculture related business

Ronald Francis DeMara 10 December 2009
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Ronald Francis DeMara
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Shadow9324 LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Ronald Francis DeMara

(Name)

9324 Shadow Pinar Ct.

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Orlando, FL 32825

City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 11 PM 4:23

FILED

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Ronald Francis DeMara
(Signature)

10 December 2009

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHADOW9324 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 TENTH DAY OF DECEMBER, A.D. 2009.

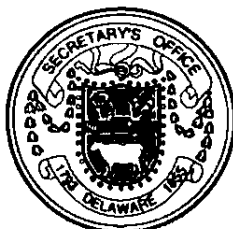
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
2009 DEC 11 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4729075 8300

091086092

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7689612

DATE: 12-10-09