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MAR 1 1 2014 J. HARRIS

COVER LETTER

	n of Corporations		
SUBJECT:	Simon-Franzak Family Realty, LLC Name of Limited Liability Company	_	
	Name of Limited Liability Company		
The enclosed "A Existence, and c	application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, heck are submitted to register the above referenced foreign limited liability company to transact business.	," Certif iness in	ficate of Florida
Please return all	correspondence concerning this matter to the following:		
	Helen J. Simon	_	
	Name of Person		
	manager, Simon-Franzak Family Real	روسك	LLC
	Firm/Company		
	16 Summit Way	-	
	Milton, VT 05468 City/State and Zip Code Vtwriter@comcastonet	_	
	City/State and Zip Code		
	vtwriter@comcastonet		
	E-mail address: (to be used for future annual report notification)	_	SEI
For further infor	rmation concerning this matter, please call:	4 MAR II PH	SECRE /ISION
	Telen J. Simon at (802) 999 7224 Name of Contact Person Area Code Daytime Telephone Number		03 30 AVY 3714
	Name of Contact Person Area Code Daytime Telephone Number	PH	경유다
Divisio Registr P.O. B	ING ADDRESS: On of Corporations ration Section ox 6327 cassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	1: 26	STATE RATIONS
Enclosed is a	check for the following amount: 5.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \$\Bigcup \\$155.00 Filing Fee & \$\Bigcup \\$160.00 Filing Fee, \$\Centrificate of Status & Certified Copy of Status & Certified		ate



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2014

HELEN J SIMON 16 SUMMIT WAY MILTON, VT 05468

SUBJECT: SIMON-FRANZAK FAMILY REALTY, LLC

Ref. Number: W14000011344

SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS

We have received your document for SIMON-FRANZAK FAMILY REALTY, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 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) 245-6951.

JENNA D HARRIS Regulatory Specialist II

Letter Number: 514A00003899

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED. FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:) TO REG	ASIER A
1. SIMON-Franzak Family Realty, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. The alternate name must Liability Company," "L.L.C," or "LLC.")	include "L	— imited
2. Vernort, USA. (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-234827 (FEI number, if applicable)		_
4. Upon qualification. (Date first transacted business in Florida, if prior to registration.)		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 16 Summet Way	14	SI SI
5. 16 Summet Way. Mitton, VT 05468 (Street Address of Principal Office) Same as above.	MAR	ECRE SION (
(Street Address of Principal Office)		
6. Same as above	<u></u>	
	••	ESTA ALS
(Mailing Address)	<u></u>	— <u>5</u> F
7. The name, title or capacity and address of the person(s) who has/have authority to manage Helen J. Simon, manager	is/are:	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photocoacceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)	opy is no	t
Ifle J Smon, manager		
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the 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	facts stated h s.817.155, F.	erein are true. I S.)
Helen J. Smon		
Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	
Simon-Franzak Family Realty, 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:	
Baynard, McLeod & Lang, PA (Name)	SECRET IVISION O
699 First Quenue North	IARY OF CORP.
Florida Street Address (P.O. Box NOT ACCEPTABLE)	SPAIL ORATIONS 1 1: 26
St. Petersburg, FL 33701	75

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 605, Florida

Statutes.

\$ 100.00 Filing Fee for Application

Designation of Registered Agent \$ 25.00

\$ 30.00 **Certified Copy (optional)**

5.00 **Certificate of Status (optional)**

STATE OF VERMONT OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

SIMON-FRANZAK FAMILY REALTY, LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Nov 27, 2013.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

March 04, 2014

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital.

FREEDOM PARTY OF THE PARTY OF T

James C. Condos Vermont Secretary of State

Business ID: 0284427

Certificate Number: 2013051343001