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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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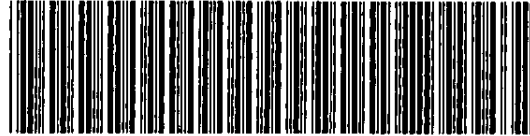
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 18 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Seasons Cabin, L.L.C.
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:

Mary A. Dye
Name of Person

Firm/Company

P.O. Box 1025
Address

Cooke City, MT. 59020
City/State and Zip Code

Marydye@juno.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mary Dye at (406) 838-2433
Name of Contact Person 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

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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. All Seasons Cabin, 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 include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of Montana 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Nov. 1, 2014
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2 Mineral Rd,
Cooke City, MT. 59020
(Street Address of Principal Office)

6. P.O. Box 1025
Cooke City, MT. 59020
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jerry L. Dye or Mary A. Dye
P.O. Box 1025
Cooke City, MT. 59020

8. 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)

Mary A. Dye
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 facts stated herein are true. 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.)

Mary A. Dye
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:

All Seasons Cabin, 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:

Jerry L. Dye or Mary A. Dye
(Name)

7031 S. Baker Ave.
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Floral City, FL 34436
City/State/Zip

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TALLAHASSEE, FLORIDA

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.

Mary A. Dye
(Signature)

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

MONTANA LIMITED LIABILITY COMPANY ANNUAL REPORT - 2015

FILED ELECTRONICALLY IN ORDER FOR YOUR LIMITED LIABILITY COMPANY TO REMAIN ACTIVE AND IN GOOD STANDING AND PREVENT INVOLUNTARY DISSOLUTION/REVOCATION PER 35-8-208, MCA.

Filed Date 01/20/2015
Document No. 1574303
Filing Time 11:04AM

ALL SEASONS CABIN, L.L.C.

MARY DYE
2 MINERAL RD.
PO BOX 1025
COOKE CITY MT 59020

FOLDER ID NUMBER: C139855
STATE/COUNTRY OF JURISDICTION: MT

1. Address of principal office: PO BOX 1025 COOKE CITY MT 59020
2. The limited liability company is managed by: LLC MANAGED BY MEMBERS
3. Names and Addresses of individual Managers or Members:

NAME MARY A DYE
ADDRESS 2 MINERAL RD
CITY COOKE CITY MT 59020

NAME JERRY L DYE
ADDRESS 2 MINERAL RD
CITY COOKE CITY MT 59020

4. Names and Addresses of registered business Managers or Members: Businesses listed in this section would be registered with the Secretary of State's Office.

By submitting this filing electronically to the Montana Secretary of State's Office, I state that as a managing member/manager or authorized agent of the above Limited Liability Company (LLC), I am authorized to execute documents on its behalf. Any and all statements herein are true and are based upon actions taken by the LLC in accordance with its Articles of Organization or Operating Agreement, and with the laws of the State Montana.

I further state that the LLC remains in existence and has taken the necessary actions during the past year to preserve this status. I make all of the statements herein under penalty of false swearing in accordance with Mont. Code Ann. § 45-7-202.

Electronically Submitted by: MARY DYE
CITY MT 59020

Submitter Address: 2 MINERAL RD. COOKE

ALL INFORMATION PROVIDED, INCLUDING NAMES AND ADDRESSES OF MEMBERS OR MANAGERS, WILL BE MADE AVAILABLE ON THE SECRETARY OF STATE'S WEBSITE <http://www.sos.mt.gov> OR UPON REQUEST.

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SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

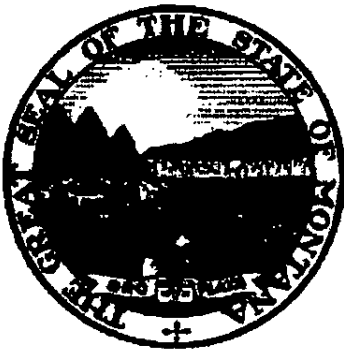
ALL SEASONS CABIN, L.L.C.

duly filed its Articles of Organization in this office on 20 January 2005, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 2 February 2015

A handwritten signature in cursive script that reads "Linda McCulloch".

LINDA MCCULLOCH
Secretary of State

Certified File Number: C139855