# M5000561

(Requestor's Name)						
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PICK-UP WAIT MAIL						
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(Business Entity Name)						
(Document Number)						
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S. YOUNG



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2015

TODD D KAPLAN, ESQ.
ICARD, MERRILL, CULLIS, TIMM, FUREN & GINBUR
8470 ENTERPRISE CIRCLE STE 201
LAKEWOOD RANCH, FL 34202

SUBJECT: LK VACATION PROPERTIES LIMITED LIABILITY COMPANY Ref. Number: W15000044108

We have received your document for LK VACATION PROPERTIES LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with 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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 415A00013529

FILED

## · COVER LETTER

TO:		ration Section on of Corporation	ns							
SURIF		LK Vacation Properties Limited Liability Company								
301320	Name of Limited Liability Company									
			reign Limited Liability Comp ed to register the above refere							
Please re	eturn al	l correspondence o	concerning this matter to the	following:						
		Todd D. Kapla	n, Esq.							
Name of Person										
	Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.									
	Firm/Company									
	8470 Enterprise Circle Suite 201									
Address										
	Lakewood Ranch, FL 34202									
City/State and Zip Code										
tkaplan@icardmerrill.com										
			E-mail address: (to be used	for future annual	report notific	ation)				
For furth	er info	rmation concernin	g this matter, please call:				Sa	<b>5</b> .		
Jordan J. Riccardi, Esq.		941 at (	906-0007		高					
	Name of Contact Person		Area Code	Daytim	e Telephone Numb	er 📿	8	FILE		
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		THE STATE	阳 2: 26	D		
			☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, C Certified Copy ☐ Status & Certified Co				:			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 4.K Vacation Properties Limited Liability Company (Name of Foreign Limited Liabibity Company; must include "Lamited Liabibity Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Hability Company," "L.f. C." or "Lf C."). New Jersey (Imisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 8 Redmond Ct Bridgewater, NJ 08807 (Street Address of Principal Office) 8 Redmond Ct Bridgewater, NJ 08807 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Todd D. Kaplan, Esq. Name: 8470 Enterprise Circle Suite 201 Office Address: Lakewood Ranch (City) 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. 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 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Leonid Khait - manage Kateryna Asilova 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath

(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.)

Signature of an authorized person

of the translator must be submitted)

Leonid Khait		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Typed or printed name of signer	

# DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### LK VACATION PROPERTIES LIMITED LIABILITY COMPANY

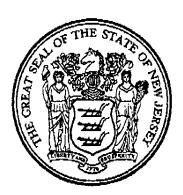
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 2, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Leonid 8 Redmond Ct Bridgewater, NJ 08807



Certification# 136851859

Verify this certificate at bttps://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of July, 2015

Robert A Romano
Acting State Treasurer

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