

MI6000005565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

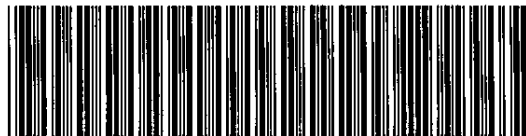
(Document Number)

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06/28/16--01005--009 **125.00

07/11/16--01007--004 **638.75

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2016 JUL 11 P 4:58
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TALLAHASSEE, FLORIDA

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2016 JUN 27 PM 11:22
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TALLAHASSEE, FLORIDA

S Warren

JUL 12 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

TIMOTHY S. CASEY
11665 COLLIER BLVD. #990487
NAPLES, FL 34116

SUBJECT: SLIP F-18, LLC
Ref. Number: W16000045799

We have received your document for SLIP F-18, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 816A00013654

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLIP F-18, 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:

TIMOTHY S. CASEY OR KAREN TURVILLE

Name of Person

TIKA PROPERTIES, LLC

Firm/Company

11665 COLLIER BLVD #990487

Address

NAPLES, FL 34116

City/State and Zip Code

INFO@TIKAPROPERTIES.INFO

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

For further information concerning this matter, please call:

TIM CASEY

at (239)

571-1171

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 TRANSACT BUSINESS
IN FLORIDA***

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

1. SLIP F-18, 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. WYOMING 3. 27-3905532
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. DECEMBER 2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11665 Collier Blvd #990487
(Street Address of Principal Office)

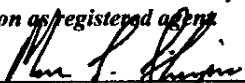
6. 11665 Collier Blvd #990487, Naples FL 34116
(Mailing Address)

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

Name: Marc L. Shapiro, Esquire
Office Address: 720 Goodlette Road N., Suite 304
Naples, Florida 34102
(City) (Zip code)

Registered agent's acceptance:

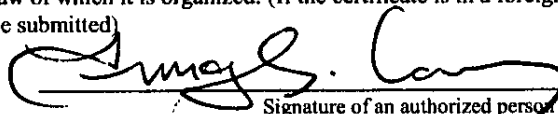
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

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

Timothy S. Casey, Manager, 11665 Collier Blvd #990487, Naples, FL 34116
Karen Turville, Manager, 11665 Collier Blvd #990487, Naples, FL 34116

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 of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Timothy S Casey
Typed or printed name of signee

FILED
2015 JUL 11 P 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

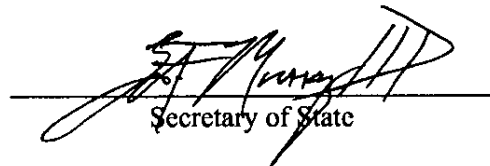
SLIP F-18, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 5, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000592263**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of June, 2016 at 10:37 AM. This certificate is assigned 020441725.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.