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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SPIEGEL & UTRERA, P.A.

Account Number : FCA00000001 Phone

: (305)854-6000

Fax Number

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### Foreign Limited Liability Company CASABELLA RENTALS DESTIN LLC

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K. SALY

FEB 24 2017

2/23/2017

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

IN COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Forei		Company; must include "I	Limited Liability Company," "L.L.C.," o	r"LLC.")
name unavailable, enter alt ability Company," "L.L.C."	ernate name adopted or "LLC.")	for the purpose of transac	ting business in Florida. The alternate na	ame must include "Limited
MISSISSIPPI		, AF	PILIED FOR	
Jurisdiction under the law of company is organized)	of which foreign limit	ed liability	(FEI number, if applicable	<i>c</i> )
UPON FILING	- 444		<u></u> .	
	(Date first training (See sections 60)	nsacted business in Florid 5.0904 & 605.0905, F.S.	a, if prior to registration.) to determine penalty liability)	
2403 South Harper Ros	•			三型 二
Corinth, MS 38834				
	(Stro	ct Address of Principal O	ttine)	
2403 South Harper Ros	<u>d</u>	······································		- SEG 3
Corinth, MS 38834			. •	7.5 o
The state of the s	<del> </del>	(Mailing Address)		33 5
Name and street addres	s of Florida register	ed agent: (P.O. Box 1)	IOT acceptable)	5
Name:	SPIEGEL & UTR	_		
Office Address:	1840 SW 22nd St	reet, 4th Floor		
	Miami		, Florida 33145	,
		(City)	(Zip code)	
esignated in this applica	tion, I hereby accep ons of all statutes re	ot the appointment as t elative to the proper an	ocess for the above stated limited lia egistered agent and agree to act in a complete performance of my duta NATALIA UTRETURA VILLILA Signature)	this capacity. I further ag ies, and I am familiar with _
. The name, title or capa	city and address of	the person(s) who has/	have authority to manage is/are:	·
			Road, Corinth, MS 38834	
-		<u> </u>	<u> </u>	<del>_</del>
				-
Attached is a certificate risdiction under the law the translator must be st	of which it is organi	ore than 90 days old, duized. (If the certificate i	ly authenticated by the official having is in a foreign language, a translation	ng custody of records in the of the certificate under on
		Signature of an auth	orized.person	· <del></del>
hi <b>PIPCIO GOS 2882</b> 0 ibmitted in a document to	In accordance with the Department of	section 605.0203 (1) ( State constitutes a thire	b), Florida Statutes. I am aware that a degree felony as provided for in s.8	any false information
	•			

Typed or printed name of signee

#### H17000052382 3



#### DELBERT HOSEMANN Secretary of State

# Office of the Secretary of State Jackson, Mississippi

### Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

#### CASABELLA RENTALS DESTIN LLC

Registered the 30th day of January, 2017

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

2403 South Harper Road Corinth, MS 38834

And that the registered agent at that address is:

Scotty R Casabella Jr

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 22nd day of February, 2017

C. Delbert Hosemann, Jr. Secretary of State

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx