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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Actual Visit 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:

Tony Udovich	
	Name of Person
Actual Visit LLC	
	Firm/Company
9620 Charlesberg	Dr
	Address
Tampa, FL 33635	

City/State and Zip Code

animal100t@yahoo.com

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

For further information concerning this matter, please call:

Tony Udovich

_,813

255-4554

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

This one

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:

	Limited Liability Company; must include "Lim	ited Liabilit	y Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in			ility Company," "L.L.C," or "LLC.")
2. Sussex County D		3.	82-1221876	er, if applicable)
•	hich foreign limited liability company is organized)		(PCI numo	ег, и аррисави)
4. We have not con	ducted business in Florida ye (Date first transacted business in Florida, if prior		.)	.
	(See sections 605,0904 & 605,0905, F.S. to dete	mine penalty	liability)	
5. 9620 Charlesber	g Drive	6.	9620 Charlesberg Dr	
Tampa, FL 3363	•		Tampa, FL 33635	,
				72
7. Name and street addre	ss of Florida registered agent: (P.O. B	ox <u>NOT</u>	acceptable)	CRO MAY
Name:	Tony Udovich			888
Office Address:	9620 Charlesberg Dr			\$9 1 (1)
	Tampa		, Florida 33635	7:56
	egisterea agent ana to accept service o	t process	for the above stated limited	itability company at the place
designated in this applicate to comply with the provis	egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the prop us of my position as registered agent. (Registred agen	as register and co	ered agent and agree to act	in this capacity. I further agre
designated in this applice to comply with the provis and accept the obligation	ation, I hereby accept the appointment sions of all statutes relative to the prop is of my position as registered agent.	as register and co	ered agent and agree to act mplete performance of my a	in this capacity. I further agre
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap	ation, I hereby accept the appointment sions of all statutes relative to the propers of my position as registered agent. (Registred agent accity and address of the person(s) who	as register and co	ered agent and agree to act emplete performance of my a authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with
designated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	ation, I hereby accept the appointment sions of all statutes relative to the propers of my position as registered agent. (Registered agent accity and address of the person(s) who Name and Address:	as register and co	ered agent and agree to act emplete performance of my a authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with
designated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	sions of all statutes relative to the properties of my position as registered agent. (Registred agent active and address of the person(s) who Name and Address: Tony Udovich	as register and co	ered agent and agree to act emplete performance of my a authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with
designated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: COO	ation, I hereby accept the appointment sions of all statutes relative to the propers of my position as registered agent. (Registered agent accity and address of the person(s) who Name and Address: Tony Udovich 9820 Charlesberg Dr Tampa, FL 33635 Ken Karg 4144 Mellard Bay Medina, OH 44256	as register and co	ered agent and agree to act emplete performance of my a authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with

Page 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACTUAL VISIT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACTUAL VISIT LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6368305 8300 SR# 20172787674



Authentication: 202432073

Date: 04-25-17