

m17000009334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert
name

W17-78130

Office Use Only



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09/29/17--01027--029 **130.00

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

17 OCT 31 PM 5:17

FILED

S. WARREN

NOV 02 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2017

JOHN M HYRE III
666 HIGH STREET, SUITE 200A
WORTHINGTON, OH 43085

SUBJECT: FLORIDA 10002, LLC
Ref. Number: W17000078130

We have received your document for FLORIDA 10002, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

The document number of the name conflict is L11000035160 FLORIDA 10002, LLC.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 317A00019857

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida 10002, 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:

John M. Hyre III

Name of Person

Firm/Company

666 High St. Ste. 200A

Address

Worthington, OH 43085

City/State and Zip Code

johnhyre@realestatetaxlaw.com

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

For further information concerning this matter, please call:

John Hyre

614

207-2442

at (_____) _____

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. Florida 10002, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 7417 Palmera Point Circle
(Street Address of Principal Office)
Tampa, FL 33615
6. 7417 Palmera Point Circle
(Mailing Address)
Tampa, FL 33615

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

Name: Bruce Goldstein

Office Address: 500 E. Kennedy Blvd #200
Tampa, Florida 33602
(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.

Bruce Goldstein
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	<u>Michael Oana</u> <u>7417 Palmera Point Circle</u> <u>Tampa, FL 33615</u>		

(Use attachments if necessary)

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)

10. 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.

[Signature]
Signature of an authorized person

John M. Hyre III
Typed or printed name of signee

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323314

Michael Oana
7417 Palmera Pointe Circle
Tampa, FL 33615

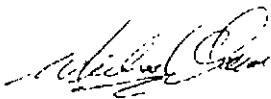
October 11, 2017

To Whom It May Concern:

In reference to the recently dissolved Florida 10002, LLC, L1100003516, I, Michael Oana, acting in the role of manager of the Company, do hereby release the name of Florida 10002, LLC to the Foreign Limited Liability Company, Florida 10002, LLC, W17000078130. I have no intention of revoking the dissolution and as manager I am fully within my powers to release the name of the Company.

Please feel free to contact me with any comments, questions or concerns.

Sincerely,



Michael Oana, as Manager of Florida 10002, LLC

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FLORIDA 10002, 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-EIGHTH DAY OF SEPTEMBER, A.D. 2017.



6527610 8300

SR# 20176381921

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203310735

Date: 09-28-17