MEDO	0000824
(Requestor's Name) (Address) (Address)	200307942732
(City/State/Zip/Phone #)	01/23/1801019024 ★★130.00
(Business Entity Name) (Document Number)	
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## COVER LETTER

**Registration Section** TO: **Division of Corporations** 

Bay Street Eustis, LLC ------

SUBJECT:

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:

Brandon J. Bornstein, Esq.

Name of Person

Roman V, Hammes, PL

Firm/Company

1920 North Orange Ave, Suite 100

Address

Orlando, Florida 32804

City/State and Zip Code

brandon@romanvhammes.com

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

For further information concerning this matter, please call:

Brandon J. Bornstein, Esq		407 at (	650-000 )	3
Name of Conta-	ct Person	Area Code	Dayt	ime Telephone Number
MAILING ADDRESS:			STREET	ADDRESS:
Division of Corporations			Division of	of Corporations
Registration Section			Registratio	on Section
P.O. Box 6327			Clifton Bu	uilding
Tallahassee, FL 32314			2661 Exec	cutive Center Circle
			Tallahasse	e, FL 32301
Enclosed is a check for the following amo	unt:			
=	0.00 Filing Fee & Trate of Status	Certified Copy	g Fee &	□ \$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 Bay Street Eustis, LLC

If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fi	lorida. The alternate name must include "Limited Liability Company," "L.L.C," or "LL	.C.")
Delaware		3. 6712178	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)	_
I.			
•	(Date first transacted business in Florida, if prior to [See sections 605,0904 & 605,0905, F.S. to determ	to registration ) mine negative liability (	
2000 North Orange Av		6. 2000 North Orange Ave	
(Street Address of	Principal Office)	(Mailing Address)	-
Orlando, FL 32804		Orlando, FL 32804	
			_
			-
. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
Name:	Roman V. Hammes, PL		
Office Address:	1920 North Orange Ave, Suite 100		
Office Address:			
Office Address:	Orlando	, Florida 32804	
constered agent's accer	Orlando (Cisy)	Florida <u>32804</u>	
tegistered agent's accep laving been named as re	Orlando otance: gistered agent and to acceptions	f process for the above stated limited liability company at the	ne p
legistered agent's accep laving been named as re esignated in this applica	Orlando Otance: gistered agent and to acceptive of ation, 1 hereby accept the appointment of	f process for the above stated limited liability company at the as registered agent and agree to act in this capacity.	her
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Registered agent's accept laving been named as re lesignated in this applica o comply with the provis and accept the obligation 3. The name, title or cap <u>Title or Capacity:</u>	Orlando (City) ptance: egistered agent and to acceptive of ation, I hereby accept the appointment of ions of all statutes relative to the prope is of my position as registered agent. (Registered agent): acity and address of the person(s) who h <u>Name and Address</u> :	f process for the above stated limited liability company at the as registered agent and agree to act in this capacity. Farther and complete performance of my duties, after the families of the state of	her [] []
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Registered agent's accept laving been named as re- lesignated in this applica o comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	Orlando (City) ptance: egistered agent and to acceptive of ation, I hereby accept the appointment of ions of all statutes relative to the prope is of my position as registered agent. (Registered agent): acity and address of the person(s) who h <u>Name and Address</u> :	f process for the above stated limited liability company at the as registered agent and agree to act in this capacity. Farther and complete performance of my duties, after the familie signatures is signatures to manage is/are:	hër ar []

(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) (6), 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 armshorized person Bra Bornstein Exc Typed or printed name of signee Esq



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAY STREET EUSTIS, 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 EIGHTEENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAY STREET EUSTIS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 2018.

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



Page 1



Jaffrey V Secretary of State

Authentication: 201993812 Date: 01-18-18

6712178 8300

SR# 20180323510 You may verify this certificate online at corp.delaware.gov/authver.shtml