## M18000002250

| (Requ                       | iestor's Name)   |             |
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|                             |                  |             |
| (Addr                       | ess)             |             |
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| (Addi                       | <del>e33</del> ) |             |
| (City/s                     | State/Zip/Phon   | e #)        |
|                             |                  |             |
| PICK-UP                     | ☐ WAIT           | MAIL        |
|                             |                  |             |
| (Busin                      | ness Entity Na   | me)         |
|                             |                  |             |
| (Docu                       | ment Number      | 1.00        |
|                             |                  |             |
| Certified Copies            | Certificate      | s of Status |
|                             |                  |             |
| Special Instructions to Fil | ing Officer:     |             |
|                             |                  |             |
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700309487347

03/05/18--01048--025 \*\*125.00

## **COVER LETTER**

TO:

**Registration Section** 

| Div                           | ision of Corporation   | is   |   |   |
|-------------------------------|--|--|---|---|
| SUBJECT:                      | ROTONDA HOME   | S LLC  |   |   |
| 00202011                      |  | Name of L  | imited Liability Compa                                | ny  |
| The enclosed<br>Existence, ar | l "Application by For<br>nd check are submitte   | eign Limited Liability Compa<br>d to register the above refere | any for Authorization to<br>need foreign limited lial | Transact Business in Florida," Certificate of bility company to transact business in Florida.                 |
| Please return                 | all correspondence of  | oncerning this matter to the f                                 | ollowing:   |   |
|                               | Coimin McAse   | y  |   |   |
|                               |  | Na   | me of Person  |   |
|                               | Rotonda Homes  | LLC  |   |   |
|                               |  | Fir  | m/Company   |   |
|                               | 24123 Peachlan   | d Blvd. C-4 #217   |   |   |
|                               |  |  | Address   |   |
|                               | Port Charlotte,  | Fl 33954   |   |   |
|                               |  | City/Sta   | ate and Zip Code                                      |   |
|                               | coimin.mcasey@   | gmail.com  |   |   |
|                               |  | E-mail address: (to be used                                    | for future annual repor                               | t notification)   |
| For further in                | nformation concerning  | g this matter, please call:                                    |   |   |
| Coi                           | imin McAsey  |  | 407 955<br>at ( )                                     | i-0348  |
|                               | Name o   | f Contact Person   |   | Daytime Telephone Number  |
| Div<br>Reg<br>P.O             | AILING ADDRESS:<br>vision of Corporations<br>gistration Section<br>b. Box 6327<br>lahassee, FL 32314 |  | Divis<br>Regis<br>Clifto<br>2661                      | EET ADDRESS: strontion of Corporations stration Section on Building Executive Center Circle shassec, FL 32301 |
|                               | a check for the follow<br>\$125.00 Filing Fee  | ing amount:  ☐ \$130.00 Filing Fee & Certificate of Status     | □ \$155.00 Filing Fee<br>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:

| If name unavailable, enter alternate t   | name adopted for the purpose of transacting business in Flor  | rida. The alternate name must include "Limited Lis  | ibility Company," "L.L.C," or "LLC.")   |
|--|---|---|---|
| DELAWARE   |   | 3. 82-4609443   |   |
|  | hich foreign limited liability company is organized)  | (FEI num  | ber, if applicable)   |
| . N/A  |   |   |   |
|  | (Date first transacted business in Florida, if prior to r<br>(See sections 605.0904 & 605.0905, F.S. to determine   | registration.)<br>ne penalty liability)   | <del></del>   |
| 24123 Peachland Blvd   |   | 6. 24123 Peachland Blvd.  |   |
| (Street Address of C-4 #217  | Principal Öffice)   | (Mailing Add<br>C-4 #217  | lress)  |
| Port Charlotte FL 3395   | <u> </u>  | Port Charlotte FL 33954   |   |
| 1011 0111111111111111111111111111111111  |   |   |   |
| . Name and street addre  | ss of Florida registered agent: (P.O. Box   | NOT acceptable)   |   |
| Name:  | Coimin McAsey   |   |   |
| Office Address:  | 24123 Peachland Blvd. C-4 #217  | <del></del>   |   |
| Office Address:  |   | 22054   |   |
|  | Port Charlotte (City)   | , Florida 33954 (Zip co   | de)   |
| comply with the provis   | ions of all statutes relative to the proper s of my position as registered agent.   |   |   |
| o comply with the provis   | ions of all statutes relative to the proper   | and complete performance of my  | in this capacity. I further a duties, and I am familiar w   |
| o comply with the provisind accept the obligation  3. The name, title or cap   | ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's sacity and address of the person(s) who ha  | and complete performance of my  (May)  (signature) 4  (s/have authority to manage is/are:   | duties, and I am familiar w   |
| o comply with the provis<br>nd accept the obligation   | ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's s  | and complete performance of my  (List)  signature)  |   |
| o comply with the provisind accept the obligation  3. The name, title or cap   | ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's s acity and address of the person(s) who ha  Name and Address:  Coimin McAsey  | and complete performance of my  (May)  (signature) 4  (s/have authority to manage is/are:   | duties, and I am familiar w   |
| o comply with the provise nd accept the obligation accept the obligation.  3. The name, title or cap Title or Capacity:  | ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's s acity and address of the person(s) who han Name and Address:   | and complete performance of my  (May)  (signature) 4  (s/have authority to manage is/are:   | duties, and I am familiar w   |
| o comply with the provision of accept the obligation  3. The name, title or cap  Title or Capacity:  CEO   | ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's s acity and address of the person(s) who ha Name and Address:  Coimin McAsey  24123 Peachland Blvd Port Charlotte FL 33954   | and complete performance of my  (May)  (signature) 4  (s/have authority to manage is/are:   | duties, and I am familiar w   |
| o comply with the provise nd accept the obligation  3. The name, title or cap  Title or Capacity:  | ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's salacity and address of the person(s) who han Name and Address:  Coimin McAsey 24123 Peachland Blvd   | and complete performance of my  (May)  (signature) 4  (s/have authority to manage is/are:   | duties, and I am familiar w   |
| o comply with the provise nd accept the obligation of accept the obligation.  3. The name, title or cap Title or Capacity:  CEO  | ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's s acity and address of the person(s) who ha  Name and Address:  Coimin McAsey  24123 Peachland Blvd Port Charlotte FL 33954  Mark Ippolito   | and complete performance of my  (May)  (signature) 4  (s/have authority to manage is/are:   | duties, and I am familiar w   |
| o comply with the provisind accept the obligation  3. The name, title or cap Title or Capacity: CEO  COO   | ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's statutes agent's statutes and address of the person(s) who hat Name and Address:  Coimin McAsey  24123 Peachland Blvd Port Charlotte FL 33954  Mark Ippolito  24123 Peachland Blvd Port Charlotte FL 33954  | and complete performance of my  (May)  (signature) 4  (s/have authority to manage is/are:   | duties, and I am familiar w   |
| B. The name, title or cap Title or Capacity: CEO  COO  | ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's statutes agent agent)  (Registered agent's statutes agent agent)  (Registered agent's statutes agent agent)  Ame and Address:  Coimin McAsey  24123 Peachland Blvd Port Charlotte FL 33954  Mark Ippolito  24123 Peachland Blvd Port Charlotte FL 33954   | and complete performance of my  signature)  ss/have authority to manage is/are:  Title or Capacity:   | Name and Address:   |
| COO  COO  COO  COO  COO  COO  COO  COO   | ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's statutes agent's statutes and address of the person(s) who hat Name and Address:  Coimin McAsey  24123 Peachland Blvd Port Charlotte FL 33954  Mark Ippolito  24123 Peachland Blvd Port Charlotte FL 33954  ssary)  et of existence, no more than 90 days old, of which it is organized. (If the certificate  | and complete performance of my  signature)  shave authority to manage is/are:  Title or Capacity:  duly authenticated by the official h   | Name and Address:   |
| 8. The name, title or cap Title or Capacity: CEO  COO  (Use attachments if necessors). Attached is a certificate urisdiction under the law   | ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's statutes agent's statutes and address of the person(s) who hat Name and Address:  Coimin McAsey  24123 Peachland Blvd Port Charlotte FL 33954  Mark Ippolito  24123 Peachland Blvd Port Charlotte FL 33954  ssary)  et of existence, no more than 90 days old, of which it is organized. (If the certificate  | and complete performance of my  signature)  shave authority to manage is/are:  Title or Capacity:  duly authenticated by the official h   | Name and Address:   |
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| 8. The name, title or cap  Title or Capacity:  CEO  COO  (Use attachments if necessors). Attached is a certificate urisdiction under the law of the translator must be second. This document is executed to the control of the translator must be second.                        | ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's statutes agent's statute and address of the person(s) who hat Name and Address:  Coimin McAsey  24123 Peachland Blvd Port Charlotte FL 33954  Mark Ippolito  24123 Peachland Blvd Port Charlotte FL 33954  ssary)  et of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)  | and complete performance of my  Signature)  Shave authority to manage is/are:  Title or Capacity:  duly authenticated by the official he is in a foreign language, a transla  | Name and Address:  aving custody of records in the tion of the certificate under ore that any false information   |
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| 8. The name, title or cap Title or Capacity: CEO  (Use attachments if neces furisdiction under the law of the translator must be seen.)  | ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's statutes agent's statutes and address of the person(s) who hat a Name and Address:  Coimin McAsey  24123 Peachland Blvd Port Charlotte FL 33954  Mark Ippolito  24123 Peachland Blvd Port Charlotte FL 33954  ssary)  et of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)  cuted in accordance with section 605.0203 to the Department of State constitutes a thi | and complete performance of my signature) signature) shave authority to manage is/are: Title or Capacity:  duly authenticated by the official he is in a foreign language, a translating degree felony as provided for in | Name and Address:  aving custody of records in the tion of the certificate under ore that any false information   |

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ROTONDA HOMES 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 TWELFTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROTONDA HOMES LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2018.

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

Authentication: 201964348

Date: 01-12-18

6701784 8300 SR# 20180227621