118000002812

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
81W	-27.	Stell			

Office Use Only



800310697458

03/20/18--01026--012 **125.00



V SULKER

2 2 2018



March 21, 2018

WILLIAM S COLLIER 5991 TROPHY DR UNIT 1303 NAPLES, FL 34110

SUBJECT: COLLIER FAMILY TRUST LLC

Ref. Number: W18000027541

We have received your document for COLLIER FAMILY TRUST LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Letter Number: 518A00005704

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

OF:

Registration Section

Div	ision of Corporation	S					
SUBJECT:	Collier Family Trust	LLC					
		Name of Limited Liability Company					
				tion to Transact Business in Florida," (ed liability company to transact busine			
Please return	all correspondence c	oncerning this matter to the	following:				
	William S Colli	ег					
	Name of Person						
	Collier Family	Trust LLC					
	Firm/Company						
	5991 Trophy Drive. Unit 1303						
	Address						
	Naples, FL 34110						
		City/St	ate and Zip Code				
	williamsteelecolli	er@gmail.com					
		E-mail address: (to be used	for future annual	report notification)			
For further is	nformation concerning	g this matter, please call:					
Wi	lliam S Collier		859 at (229-9511			
	Name o	f Contact Person	Area Code	Daytime Telephone Number			
Div Reg P.O	ision of Corporations gistration Section 9. Box 6327 lahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee & ☐ \$160.00 Filing Fee. Cer 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:

L Collier Family Trust Ll	LC			
(Name of Foreign	Limited Liability Company; must include "Limited	I Liability Company," "L.L.C.," or "LLC.")	
(If name amunulable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ide. The alternate name must include "Limited Lis	ability Commany ""1 1 (" or "H (" ")	
2 Delaware	age adopted to the purpose of the secting outsides in the	3. <u>82-4736464</u>	activity Company, 1245 G, or 127.2.	
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	(Hil num	her, if applicable)	
4	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	registration.)	·	
= 5991 Trophy Dr. Unit)3	
5. 5991 Trophy Dr., Unit 1303 (Street Address of Principal Office) Naples, FL 34110		6. 5991 Trophy Dr., Unit 1303 (Mading Address) Naples, FL 34110		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	William S Collier			
Office Address:	5991 Trophy Dr., Unit 1303			
Ç	Naples		· 📆	
	(City)	, Florida 34110 (Ζιρ co	- 88 - 14 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
Registered agent's accep			, , , , , , ,	
	gistered agent and to accept service of p			
	tion, I hereby accept the appointment as ions of all statutes relative to the proper			
	ons of an statutes retaine to the proper s of my position as registered agent.	and complete perjormance of my	auties, ana-t-am jamutar with	
and accept the bongamons		1 00		
	William 5 C	olley	÷ 449	
	(Règistered agent's s	ignatuse)	,,	
8. The name, title or capa	acity and address of the person(s) who ha	s/have authority to manage is/are:		
Title or Capacity:	Name and Address;	Title or Capacity:	Name and Address:	
Manager	William S Collier			
	5991 Trophy Dr., Unit 1303	-		
	Naples, FL 34110	-		
				
		-		
(Use attachments if necess	sary)			
9. Attached is a certificate	of existence, no more than 90 days old, o	fully authenticated by the official b	aving custody of records in the	
jurisdiction under the law	of which it is organized. (If the certificate	e is in a foreign language, a translat	tion of the certificate under oath	
of the translator must be su				
10. This document is evec	uted in accordance with section 605.0203	(1) (b) Florida Statutas Lamaura	re that any false information	
	the Department of State constitutes a thi			
	William & Col	of an authorized person		
	-			
	William S Collier			
	Typed or 1	printed name of signee		





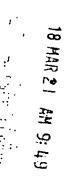
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COLLIER FAMILY TRUST 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 FIFTH DAY OF MARCH, A.D. 2018.





Authentication: 202259328

Date: 03-05-18