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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

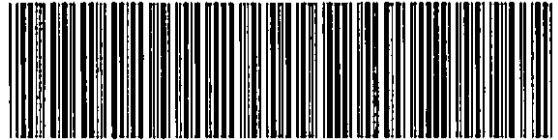
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/18--01021--007 **150.00

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2018 MAY 11 PM 1:36
CLERK OF STATE
TALLAHASSEE FLORIDA

MAY 15 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sarah Rodgers Florals, 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:

Sarah R. McNeill

Name of Person

Sarah Rodgers Florals

Firm/Company

P.O. Box 206

Address

Newport, RI 02840

City/State and Zip Code

Sarahrodgers39@yahoo.com

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

For further information concerning this matter, please call:

Sarah McNeill

Name of Contact Person

at (401)

Area Code

935-0630

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2018

SARAH R MCNEILL
PO BOX 206
NEWPORT, RI 02840

SUBJECT: GARDENS FOR ALL SEASONS, LC
Ref. Number: W18000038539

We have received your document for GARDENS FOR ALL SEASONS, LC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 218A00008411

FILED

2018 MAY 11 PM 1:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
2018 MAY 11 AM 10:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS (IS IT) TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN FLORIDA

1. Gardens for all Seasons, LLC _____
_____, or "LLC."

(If the company has a name, other than the name adopted for the purpose of transacting business in Florida, the alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Rhode Island _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 21 Vaughan Ave _____ 6. P.O. Box 206 _____
(Street Address of Principal Office) (Mailing Address)
Newport RI 02840 _____ Newport, RI 02840 _____

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

Name: Registered Agents Inc.
Office Address: 330 N. Rocky Point Drive Ste. 150A
Tampa, Florida 33607
(City) (Zip code)

FILED
MAY 11 PM 1:06
TAMPA
FLORIDA

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.

Bill [Signature]
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>President/owner</u>	<u>Sarah McNeill</u> <u>21 Vaughan Ave</u> <u>Newport, RI 02840</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.

Sarah McNeill

Signature of an authorized person
Sarah McNeill

Typed or printed name of signer



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

GARDENS FOR ALL SEASONS, LLC

is a Rhode Island Limited Liability Company organized on **March 07, 2003**.

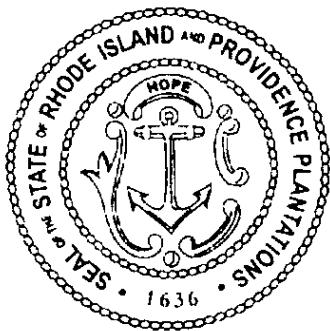
I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

April 12, 2018

Secretary of State



Certificate Number: 18040024430

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: ldelfarno