M1800005354

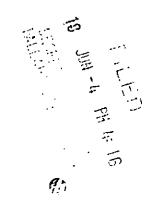
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
miomplete form W18-48194						

Office Use Only



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O SIMMONS
JUN () () 2018



May 21, 2018

JOHN BLANCHARD 6656 CANTON ST FT MYERS, FL 33966

SUBJECT: WILLOW LANE, LLC Ref. Number: W18000048194

We have received your document for WILLOW LANE, LLC 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 attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00010525

Octavia L Simmons Regulatory Specialist III

RECEIVED

JUN-4 AMIO: 44

SIGNIFICATION STORES SIGNIFICATION SIGNIFICATION SIGNIFICATION STORES SIGNIFICATION SIGN

COVER LETTER

	of Corporation	·				
SUBJECT:	Willow	Whane LLC				
		Name of L	imited Liability (Company		
The enclosed "Ap Existence, and che	plication by Fore	ign Limited Liability Compa to register the above refered	any for Authoriza need foreign limit	tion to Tra ted liability	ansact Business in Florida," Certificate of v company to transact business in Florida.	
Please return all o	orrespondence co	oncerning this matter to the f	following:			
		John Blo	anchard			
		Na	me of Person			
Willow Lane, LLC						
Firm/Company						
6656 Canton ST.						
Address						
Fort Myers F1 33966 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further inform	ation concerning	this matter, please call:		·		
^	_					
_Cas	sey Blan	Chard Contact Person	at (<u>239</u> Area Code	_)3(10 -2794 time Telephone Number	
Division Registrat P.O. Box	of Corporations ion Section (6327 see, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding centive Center Circle see, FL 32301	
Enclosed is a chec \$125.	ck for the followi 00 Filing Fee	ng amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	\$160.00 Filing Fee, Certificate	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: illow Lane. reign 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") (FEI mumber, if applicable) (Junsdiction under the law of which foreign limited hability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. Ffurther 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. 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: Name and Address: Title or Capacity: (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 of an authorized person

Casey L. Blanchard

Typed or printed name of signee



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

JOHN BLANCHARD

6656 CANTON ST

FORT MYERS, FL 33966

May 14, 2018

Request Type: Certificate of Existence/Authorization

Request #:

0276896

Issuance Date: 05/14/2018

Copies Requested:

Document Receipt

Receipt #: 004084028

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3730346079

\$20.00

Regarding:

WILLOW LANE, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

959710

Formation/Qualification Date: 04/20/2018

Date Formed:

04/20/2018

Status:

Duration Term:

Active Perpetual

Formation Locale: TENNESSEE

Business County: SHELBY COUNTY

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

WILLOW LANE, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 027829938