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(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.
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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: Nineteenth Hole Management, 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:

	J	ane Kienle					
		ame of Person	<u>.</u>				
	F	irm/Company					
	2027 Br	ightwaters Blvd.	NE				
		Address					
	St. P	etersburg, FL 3	3704				
		State and Zip Code		-		2	
						2010 SEP	
	jkaspe E-mail address: (to be use	endocs@aol.com	<u>)</u>	(footion)	<u></u>	SE	-11
	re-mail address. (to be use	a for future annual	герот по	ancation)	S	1	States -
For further information concerning	ng this matter, please call:				0377 1717 171	£	1
					<u> </u>	ЪЯ	ΠĢ
Bryanna Je	·	at (<u>800</u>	_) <u>375-</u> 2			ب ي	
Name	of Contact Person	Area Code	Day	time Telephone Nur	uber	an N	
MAILING ADDRESS				ADDRESS:			
Division of Corporation	\$			of Corporations			
Registration Section				ion Section			
P.O. Box 6327			Clifton B				
Tallahassee, FL 32314				ecutive Center Circle ee, FL 32301			
Enclosed is a check for the follow							
2 \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certified Copy	ig Fee &	of Status & Certifie			:

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

	TION 605.0902, FLORIDA STATUTES, THE F STNESS IN THE STATE OF FLORIDA:	OLLOWIN	G IS SUBMITTED TO REGISTER A FOREIGN	UMITED HABILITY
	Hole Management, LLC			
	Limited Liability Company; must include "Limite	d Liability (Company," "L.L.C ," or "LLC.")	
(If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	orida The alter	nate name must include "Limited Liability Company," "L.	LC," or "LLC.")
2. Alaska	······································	3	(112 number, if applicable)	
(Jurischetion under the law of wh	ich föreign hnuted hability company is organized)		(Fill sumber, if applicable)	
4	08/08/2018 (Date first transacted business in Florida, if prior to			
	(See sections 605 0904 & 605 0905; F.S. to determ	ine penalty liai	odaty)	
5. 505 Old Steese (Street Address of P	Hwy Ste. 122	6	2027 Brightwaters Blvd. NE (Mailing Address)	<u> </u>
Fairbanks, AK 99	•	_	St. Petersburg, FL 33704	
 Name and <u>street address</u> Name: Office Address: 	s of Florida registered agent: (P.O. Box Jane Kienle 2027 Brightwaters Blvd. NE	- <u>NOT</u> ac	ceptable)	
	St. Petersburg		, Florida <u>33704</u>	
designated in this applicat to comply with the provision	gistered agent and to accept service of <i>j</i> tion, I hereby accept the appointment a	s register	(Zip code) r the above stated limited liability comp ed agent and agree to act in this capacity plete performance of my duties, and I a	I further agree
	(Registered agent's	signature)		67 GS
8. The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s) who have a set of the person (s)		thority to manage is/are: e or Capacity: Name and A	Address:
Member	Jane Kienle 2027 Brightwaters Blvd, NE St, Petersburg, FL 33704			
Member	Dean Bramlet 2027 Brightwaters Blvd, NE St. Petersburg, FL 33704			

(Use attachments if necessary)

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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 pepartment of \$tafe constitutes a third degree felony as provided for in s.817.155, F.S.

	,.
Signature of an authorized person	
Jane Kienle, Member	

Typed or printed name of signce

Alaska Entity #10089339

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Nineteenth Hole Management, LLC

This entity was formed on August 08, 2018 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **August 08, 2018**.

Milee Marane

Mike Navarre Commissioner