

118000008311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

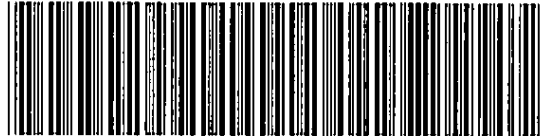
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

penalty w/18-77086

Office Use Only



000316655320

~~08/13/18--01056--007 \*\*155.00~~

08/15/18--01003--007 \*\*155.00

08/12/18--01001--005 \*\*638.75

FILED  
18 SEP 10 PM 4:38  
CLERK OF SUPERIOR COURT  
HARRIS COUNTY TEXAS

O SIMMONS  
SEP 11 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2018

DOROTHY BOLINSKY, ESQ  
105 COLLEGE RD E  
STE 300, PO BOX 627  
PRINCETON, NJ 08054

SUBJECT: SKY UNITY VACATION HOMES LLC  
Ref. Number: W18000077086

We have received your document for SKY UNITY VACATION HOMES LLC and your check(s) totaling \$310.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 318A00017694

*Enclosed as per your request  
any questions please call  
609 716 6518 Thank you  
Dorothy Bannay*

RECEIVED  
SEP 10 PM 3:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

9-6-18

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sky Unity Vacation Homes 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:

Dorothy Bolinsky, Esquire

\_\_\_\_\_  
Name of Person

Drinker Biddle & Reath LLP

\_\_\_\_\_  
Firm/Company

105 College Road E., Suite 300, P.O. Box 627

\_\_\_\_\_  
Address

Princeton, NJ 08054

\_\_\_\_\_  
City/State and Zip Code

Dorothy.Bolinsky@dbr.com

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

For further information concerning this matter, please call:

Dorothy Bolinsky

609

716 6518

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

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:

1. Sky Unity Vacation Homes LLC  
(Name of Foreign 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.")
2. NJ 3. 82-2980222  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 2017  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 13 Woodfield Court 6. same  
(Street Address of Principal Office) (Mailing Address)
- Medford, NJ 08055

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

Name: Philip Corio

Office Address: 821 Massey Court

Kissimmee, Florida 34759  
(City) (Zip code)

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.

Philip Corio

(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Authorized Represent:</u>	<u>Dorothy Bolinsky</u>	<u>Manager</u>	<u>13 Woodfield Ct.</u>
	<u>105 College Rd E. Suite 300</u>		<u>Medford NJ 08055</u>
	<u>PO Box 627 Princeton NJ 08055</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.

Dorothy Bolinsky

(Signature of an authorized person)

Dorothy Bolinsky, Authorized Rep  
(Typed or printed name of signer)

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

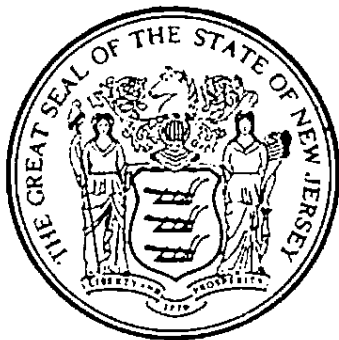
**SKY UNITY VACATION HOMES LLC**  
0600445201

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 03, 2017.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

DOROTHY BOLINSKY  
DRINKER BIDDLE & SHANLEY  
105 COLLEGE ROAD EAST STE 300  
PRINCETON, NJ 08542



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
9th day of August, 2018*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6090381108

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)