

M1800009681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

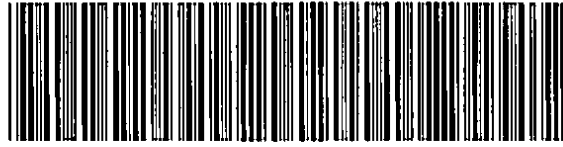
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/18/18--01009--016 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smokey Cove Cabin Partners, 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:

John Robinson

Name of Person

Firm/Company

1 Emerald Lake Court

Address

Palm Coast, FL 43137

City/State and Zip Code

amr@starkeylawfirm.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

John Robinson

330

592-4832

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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Smokey Cove Cabin Partners, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.")

(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 "L.C.")

2. Ohio 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)

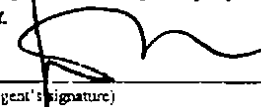
5. 1 Emerald Lake Court 6. _____
(Street Address of Principal Office) (Mailing Address)
Palm Coast FL 32137

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

Name: John Robinson
 Office Address: 1 Emerald Lake Court
Palm Coast FL, Florida 32137
(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.


(Registered agent's signature)

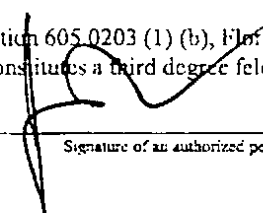
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>John Robinson</u> <u>1 Emerald Lake</u> <u>Palm Coast, FL</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.


Signature of an authorized person

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SMOKEY COVE CABIN PARTNERS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4222523, was organized within the State of Ohio on August 21, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of October, A.D. 2018.

Jon Husted

Ohio Secretary of State

Validation Number: 201828200712

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/21/2018	201823300840	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

STARKEY LAW FIRM, LLC
638 W. MAPLE ST.
HARTVILLE, OH 44632

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted
4222523

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
SMOKEY COVE CABIN PARTNERS, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG	201823300840
Effective Date: 08/21/2018	



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
21st day of August, A.D. 2018.

Jon Husted
Ohio Secretary of State