

MICROSOFT

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

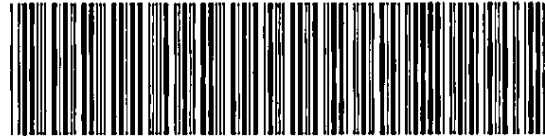
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2018 OCT 17 P 6:20

11/9/18 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

October 27, 2018

BRIAN O'NEILL
C/O DDP MEDICAL
11800 28TH STREET N
ST PETERSBURG, FL 33716

SUBJECT: O'NEILL FAMILY HOLDINGS, LLC
Ref. Number: W18000094725

We have received your document for O'NEILL FAMILY HOLDINGS, 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):

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 \$916.25.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 618A00022172

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RECEIVED
18 NOV -8 AM 12:54

11/08/2018

Good Morning,

CSC is resubmitting this filing on behalf of our client. Please release the clients funds back to the client and charge the CSC account the full amount needed for this filing.

If you have any questions or concerns, please reach out.

Thank you,

.....

Roxanne Turner
Service Liaison | Customer Service
Phone: 1 800 927 9801 ext. 62969
Roxanne.Turner@cscglobal.com

CSC®
1201 Hays Street
Tallahassee, FL 32301
USA
cscglobal.com



We are the business behind business

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 476244 8249771

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 1041.25

ORDER DATE : November 8, 2018

ORDER TIME : 10:24 AM

ORDER NO. : 476244-005

CUSTOMER NO: 8249771

FOREIGN FILINGS

NAME: O'NEILL FAMILY HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O'NEILL FAMILY HOLDINGS, 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:

BRIAN O'NEILL

Name of Person

C/O DDP MEDICAL SUPPLY

Firm/Company

11800 28TH STREET NORTH

Address

ST. PETERSBURG, FLORIDA 33716

City/State and Zip Code

BLAKERONEILL@GMAIL.COM

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

For further information concerning this matter, please call:

BLAKE O'NEILL

415

254-7630

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

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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. O'NEILL FAMILY HOLDINGS, 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-4614011
(FEI number, if applicable)

4. 7/27/15
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11800 28th Street North
(Street Address of Principal Office)
St. Petersburg, FL 33716

6. 11800 28th Street North
(Mailing Address)
St. Petersburg, FL 33716

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

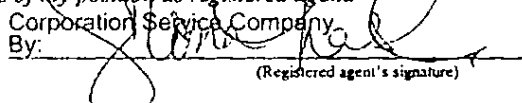
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

By:  Gloria Nash
(Registered agent's signature) Assistant VP

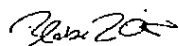
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	Blake O'Neill 34 Spindrift Passage Corte Madera, CA 94925	Member	Shannon Stubblefield 2884 W. Browning Fresno, CA 93711
Member	Brian O'Neill 113 Ramon Way St. Petersburg, FL 33704		

(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

Blake R. O'Neill
Typed or printed name of signer

Delaware

The First State

Page 1

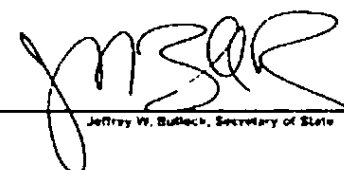
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "O'NEILL FAMILY HOLDINGS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "O'NEILL FAMILY HOLDINGS, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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Jeffrey W. Bullock, Secretary of State

5770513 8300

SR# 20187536793

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203859004

Date: 11-08-18