M1900000 2667

———————————————
(Requestor's Name)

———————————————
(Address)

———————————————
(Address)

———————————————
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

———————————————
(Business Entity Name)

———————————————
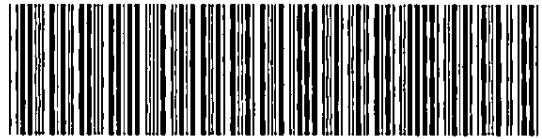(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

03/19/19--01017--004   **500.00

FILED
2019 MAR 19 AM 10: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAR 19 AM 11: 15

JLS
3·20·19

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BONITA II A, LLC

○

Signature

- - - - - - - - - - - - - - - - - - - -

Requested by: Seth

03/19

Name   Date   Time

Walk-In _____   Will Pick Up _____

17: Ponder's Printing · Thomasville GA 8/00

_____ Art of Inc. File_____

_____ LTD Partnership File_____

_____ Foreign Corp. File_____

X L.C. File_____

_____ Fictitious Name File_____

_____ Trade/Service Mark_____

_____ Merger File_____

_____ Art. of Amend. File_____

_____ RA Resignation_____

_____ Dissolution / Withdrawal_____

_____ Annual Report / Reinstatement_____

_____ Cert. Copy_____

_____ Photo Copy_____

_____ Certificate of Good Standing_____

_____ Certificate of Status_____

_____ Certificate of Fictitious Name_____

_____ Corp Record Search_____

_____ Officer Search_____

_____ Fictitious Search_____

_____ Fictitious Owner Search_____

_____ Vehicle Search_____

_____ Driving Record_____

_____ UCC 1 or 3 File_____

_____ UCC 11 Search_____

_____ UCC 11 Retrieval_____

_____ Courier_____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BONITA II A, 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 N BRUGGER
_____
Name of Person

FORSYTH & BRUGGER, P.A.
_____
Firm/Company

600 5TH AVE S., SUITE 207
_____
· Address

NAPLES, FL 34102
_____
City/State and Zip Code

JBRUGGER@FORSYTHBRUGGER.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN N BRUGGER   239   263-6000
_____ 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:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee, Certificate
                    Certificate of Status   Certified Copy   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. BONITA II A, 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. _____

   (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. 600 5TH AVE S., STE 207

   (Street Address of Principal Office)

   NAPLES, FL 34102

6. 600 5TH AVE S., STE 207

   (Mailing Address)

   NAPLES, FL 34102

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

Name: JOHN N BRUGGER

Office Address: 600 5TH AVE S., STE 207

NAPLES, FL , Florida 34102

(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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:
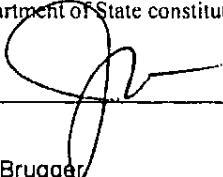
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☑ Manager	Name: MARASCO, CLAUDIO	☐ Manager	Name: _____
☐ Member	Address: 600 5TH AVE S., STE 207	☐ Member	Address: _____
☐ Authorized	NAPLES, FL 34102	☐ Authorized	_____
Person	_____	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____

☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____

☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

John N Brugger

_____
Typed or printed name of signee