

M19000003625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

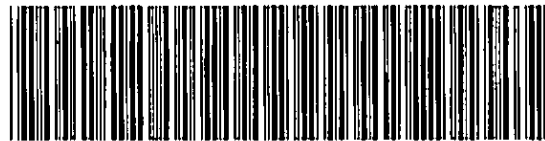
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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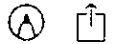
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APR 11 1964
FBI - NEW YORK

4-10-19
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Done

Application for Authorization to Transact Business - Foreign Limited Liability Company.pdf



COVER LETTER

TO: Registration Section
Division of Corporations

D Oaks LLC

SUBJECT: _____
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:

Jami Walker

Name of Person

D Oaks LLC

Firm/Company

900 NE 100th Street

Address

Ocala, Florida. 34479

City/State and Zip Code

J SchuckEquestrian@gmail.com
DiamondOaksFarm@aol.com

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

For further information concerning this matter, please call:

Jami Walker

612

804-1759

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

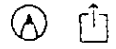
Enclosed is a check for the following amount:

☒ \$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. D Oaks 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. Alaska 3. 83-3823600
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. March 5, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 900 NE 100th Street 6. 900 NE 100th Street
(Street Address of Principal Office) (Mailing Address)
Ocala, FL. 34479 Ocala, FL. 34479

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Jami Walker
Office Address: 900 NE 100th Street
Ocala, Florida 34479
(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.

Jami D. Walker
(Registered agent's signature)

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:
<u>Member</u>	<u>Jami Walker</u> <u>900 NE 100th Street</u> <u>Ocala FL 34479</u>		
<u>Member</u>	<u>Jennifer Schuck</u> <u>900 NE 100th Street</u> <u>Ocala FL 34479</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.

Jami D. Walker
Signature of an authorized person
Jami Walker
Typed or printed name of signee

Alaska Entity #10101299

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:

D Oaks LLC

This entity was formed on March 05, 2019 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 March 18, 2019.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner