## MANDOLLOSI

(Danisate de Name)
(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



700330347717

06/26/19--01013--004 \*\*130.00



• BRUCE JUL 11 2019

## **COVER LETTER**

TO: Registration Section

Ø,

Divi	ision of Corporation	ons .					
SUBJECT:	LH Model Two, L	LC .					
		Name of	Limited Liability	Company			
		oreign Limited Liability Com ed to register the above refer					
Please return	all correspondence	concerning this matter to the	following:				
	Bobby R. Lyo	ns				•	
		١	lame of Person			<del></del>	
	LH Model Tw	o, LLC					
		F	irm/Company		-		
	12540 World I	Plaza Lanc, #44					
	<del></del>		Address	_	<del></del>	<del></del>	
	Fort Myers, Fl	. 33907					
		City/S	State and Zip Code	<del></del>	·		
	blyons@arhome	es.com					
		E-mail address: (to be use	d for future annua	report not	ification)	<del></del>	
For further in	formation concerning	ng this matter, please call:					
Bob	by R. Lyons		239 at (	768-306	03	2019	
	Name o	of Contact Person	Area Code	Day	time Telephone Nun	nber 212	1
Divis Regi P.O. Talla Enclosed is a	ILING ADDRESS: sion of Corporation: stration Section Box 6327 thassee, FL 32314 check for the follow	s ving amount:		Division of Registrati Clifton Bo 2661 Exe Tallahasso	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	H26 PH 3-35	•
<b>□\$</b> 1	25.00 Filing Fee	■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing I of Status & Certific		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

(11)	name unavailable, enter alternate s	name adopted for the purpose of transacting business in Fk	orida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "I	 LC.")
2	Delaware		3.		
۷٠_		hich foreign limited liability company is organized)	(FEI man	ber, if applicable)	_
4.	06/01/2019				
		(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) sine penalty liability)	<del></del> _	
5.	12540 World Plaza La		6. 12540 World Plaza Lane, #		_
	(Street Address of	Principal Office)	(Mailing Addi	ress)	
	Fort Myers, FL 33907		Fort Myers, FL 33907		<del></del>
7.	Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
	Office Address:	12540 World Plaza Lane, #44			
		Fort Myers	, Florida 33907		
	gistered agent's accep	(City)	(Zip cud	<del>(c)</del>	
		s of my position as registered agent.	4		iar with
	4	s of my possibly as refusiered agent.	signature)	2019 <b>31</b>	
	The name, title or capa	(Reput of Agent ) acity and address of the person(s) who ha	as/have authority to manage is/are:		
	2	(N'egyligad ageni s	•	Name and Address	
	The name, title or capa	(Regulped agent a acity and address of the person(s) who has Name and Address;  Bobby R. Lyons	as/have authority to manage is/are: Title or Capacity:		
	The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who has Name and Address:  Bobby R. Lyons  12540 World Pla 20. 144	as/have authority to manage is/are: Title or Capacity:	Name and Address	
	The name, title or capa <u>Title or Capacity:</u>	(Regulped agent a acity and address of the person(s) who has Name and Address;  Bobby R. Lyons	as/have authority to manage is/are: Title or Capacity:	Name and Address	
	The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who has Name and Address:  Bobby R. Lyons  12540 World Pla 20. 144	as/have authority to manage is/are: Title or Capacity:	Name and Address	
	The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who has Name and Address:  Bobby R. Lyons  12540 World Pla 20. 144	as/have authority to manage is/are: Title or Capacity:	Name and Address	
8.	The name, title or capa  Title or Capacity:  Manager	Repulsed Agent s  acity and address of the person(s) who has  Name and Address;  Bobby R. Lyons  12540 World Pla 20. # 44  Ft Myers, FL 33 9 077	as/have authority to manage is/are: Title or Capacity:	Name and Address	
8.	The name, title or capa <u>Title or Capacity:</u>	Repulsed Agent s  acity and address of the person(s) who has  Name and Address;  Bobby R. Lyons  12540 World Pla 20. # 44  Ft Myers, FL 33 9 077	as/have authority to manage is/are: Title or Capacity:	Name and Address	
8. (U 9. /	The name, title or capa  Title or Capacity:  Manager  Ise attachments if necess  Attached is a certificate	Bobby R. Lyons  12540 World Pla 20. 144  Ft Myers, FL 33 9 077  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificat	as/have authority to manage is/are:  Title or Capacity:	Name and Address	s in the
8. (U 9, 7 juri of t	The name, title or capa Title or Capacity:  Manager  See attachments if necess  Attached is a certificate is diction under the law of the translator must be sufficiently to t	Bobby R. Lyons  12540 World Pla 20. 44  Ft Myers, FL 33 9 077  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203	as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official hate is in a foreign language, a translation of the control of t	ving custody of recordion of the certificate un	s in the
8. (U 9, 7 juri of t	The name, title or capa Title or Capacity:  Manager  See attachments if necess  Attached is a certificate is diction under the law of the translator must be sufficiently to t	Bobby R. Lyons  12540 World Pla 20. 144  Ft Myers, FL 33 9 077  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official hate is in a foreign language, a translation of the control of t	ving custody of recordion of the certificate un	s in the
8. (U 9, 7 juri of t	The name, title or capa Title or Capacity:  Manager  See attachments if necess  Attached is a certificate is diction under the law of the translator must be sufficiently to t	Reputed spent and address of the person(s) who has name and Address:  Bobby R. Lyons  12540 World Pla 20. W 44  Ft Myers, FL 33 9 07 1  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203  the Department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the certif	as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official hate is in a foreign language, a translation of the control of t	ving custody of recordion of the certificate un	s in the
8. (U 9, 7 juri of t	The name, title or capa Title or Capacity:  Manager  See attachments if necess  Attached is a certificate is diction under the law of the translator must be sufficiently to t	Reputed spent and address of the person(s) who has name and Address:  Bobby R. Lyons  12540 World Pla 20. W 44  Ft Myers, FL 33 9 07 1  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203  the Department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the department of State constitutes a thing of the certificate at the certif	duly authenticated by the official has e is in a foreign language, a translation of the foreign language at a superior degree felony as provided for in superior degree felony as provided	ving custody of recordion of the certificate un	s in the

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LH MODEL TWO 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 NINETEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LH MODEL TWO LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2019.

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

Authentication: 203059328

Date: 06-19-19

7449565 8300

SR# 20195525451