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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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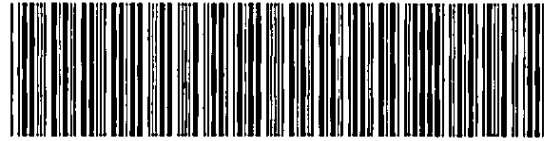
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Y SCOTT

AUG 17 2019

✓

MOORE INGRAM JOHNSON & STEELE

A LIMITED LIABILITY PARTNERSHIP
WWW.MIJS.COM

MARIETTA, GEORGIA
EMERSON OVERLOOK
326 ROSWELL STREET
SUITE 100
MARIETTA, GEORGIA 30060
TELEPHONE (770) 429-1499

KNOXVILLE, TENNESSEE
408 N. CEDAR BLUFF ROAD
SUITE 500
KNOXVILLE, TENNESSEE 37923
TELEPHONE (615) 692-9039

JACKSONVILLE, FLORIDA
10201 CENTURION PARKWAY N.
SUITE 401
JACKSONVILLE, FLORIDA 32256
TELEPHONE (904) 428-1485

BRENTWOOD, TENNESSEE
5200 MARYLAND WAY
SUITE 301
BRENTWOOD, TENNESSEE 37027
TELEPHONE (615) 425-7347

LEXINGTON, KENTUCKY
771 CORPORATE DRIVE
SUITE 430
LEXINGTON, KENTUCKY 40503
TELEPHONE (859) 309-0028

ORLANDO, FLORIDA
7380 WEST SAND LAKE ROAD
SUITE 500
ORLANDO, FLORIDA 32819
TELEPHONE (407) 367-6233

MECHANICSBURG, PENNSYLVANIA
5000 RITTER ROAD
SUITE 108
MECHANICSBURG, PENNSYLVANIA 17055
TELEPHONE (717) 790-2854

August 7, 2019

Florida Secretary of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida For Skyfall Valley, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Enclosed please find an original plus one copy of Application by Foreign Corporation for Authorization to Transact Business in Florida for Skyfall Valley, LLC. Also, I have attached a current Certificate of Existence along with our firm's check in the amount of \$125.00 to cover the costs for filing the application.

Thank you for your assistance in this matter. If you have any questions or need anything further, please contact me at (770) 795-5077.

Very truly yours,

MOORE INGRAM JOHNSON & STEELE, LLP



Shawn G. Shelton

/sak
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Skyfall Valley, 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:

Shawn G. Shelton

Name of Person

Moore Ingram Johnson & Steele, LLP

Firm/Company

326 Roswell Street, Suite 100

Address

Marietta, GA 30060

City/State and Zip Code

sgshelton@mijs.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Shawn G. Shelton

770

429-1499

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 &
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. Skyfall Valley, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

Wyoming

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

July 18, 2019

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

6511 Cay Circle

5. (Street Address of Principal Office)

Belle Isle, FL 32809

6511 Cay Circle

6. (Mailing Address)

Belle Isle, FL 32809

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

Name: Melissa Craig

Office Address: 6511 Cay Circle

Belle Isle, Florida 32809
(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.

Melissa Craig
(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]:


<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Melissa Craig		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	6511 Cay Circle		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Belle Isle, FL 32809		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Melissa Craig		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	6511 Cay Circle		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Belle Isle, FL 32809		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Matthew C. Craig		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	6511 Cay Circle		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Belle Isle, FL 32809		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

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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

Melissa Craig

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Skyfall Valley, LLC
is a
Limited Liability Company

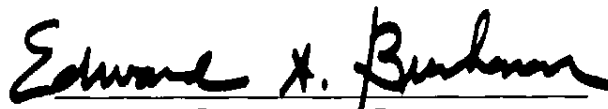
formed or qualified under the laws of Wyoming did on **July 18, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000866619**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of July, 2019 at 12:22 PM. This certificate is assigned 031905118.

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CLERK OF STATE
AT LIAISON
FLORIDA




Secretary of State