

M190000008559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

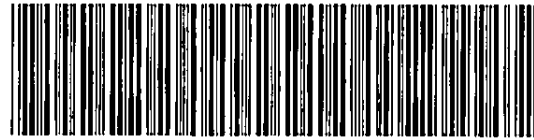
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2019

JENNIFER CREEKMORE
2315 LYNX LANE #6
ORLANDO, FL 32804

SUBJECT: SILVER STAR ORLANDO, LLC
Ref. Number: W19000075978

We have received your document for SILVER STAR ORLANDO, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 019A00016927

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SEP 03 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida State Capital 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:

Frankie Perdomo
Name of Person

Wendy Corp Inc
Firm/Company

2245 Bay Lane NE
Address

Atlanta GA 30301
City/State and Zip Code

frankie.perdomo@wendy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Perdomo at (404) 224-5011
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

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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. Sylvan Stone Company, 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 3. 0000000000000
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5-1-11
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 400 N. Woodbine St. #200 6. Atlanta
(Street Address of Principal Office) (Mailing Address)

Atlanta, GA 30308

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

Name: McNulty Group Inc

Office Address: 2000 Lynn Ln NE

Atlanta Florida 30308
(City) (Zip code)

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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.

[Signature]
(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:**

☒ Manager Name: Michael J. [unclear]

☐ Member Address: 111 [unclear] [unclear]

☐ Authorized Person [unclear]

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: [unclear]

☐ Member Address: [unclear]

☐ Authorized Person [unclear]

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized Person

☐ 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]
Signature of an authorized person

[Typed Name]
Typed or printed name of signer

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**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9206509

Entity Name: SILVER STAR ORLANDO, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: HERBERT L KRUMSICK

Registered Office: 400 N Woodlawn Ste. 210, WICHITA, KS 67208

was filed in this office on October 31, 2018, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of August 02, 2019

**SCOTT SCHWAB
SECRETARY OF STATE**

Certificate ID: 1109730 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.