W19000076561

(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:

W19000076561

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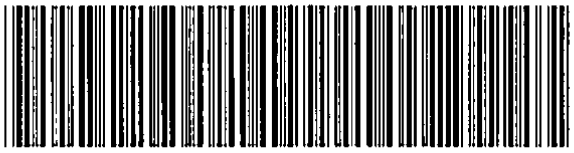

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TALLAHASSEE, FLORIDA

Y SCOTT

SEP 19 2019

✓

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2019

DAVID M. SCOTT
7404 LAURELS PLACE
PORT SAINT LUCIE, FL 34986

SUBJECT: 468-472 W. LOS ANGELES DR. LLC
Ref. Number: W19000076561

We have received your document for 468-472 W. LOS ANGELES DR. LLC and your check(s) totaling $155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott
Document Specialist II

Letter Number: 519A00017016

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SEP 13 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 468-472 W. Los Angeles Dr. 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:

David M. Scott
Name of Person

468-472 W. Los Angeles Dr. LLC
Firm/Company

7404 Laurels Place
Address

Port Saint Lucie Florida 34986
City/State and Zip Code

davol2@comcast.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

David M. Scott at (772) 882-9494
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. 468-472 W Los Angele Dr 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. California
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 75-3209813
(FEI number, if applicable)

4. 7-1-19
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7404 Laurels place
port Saint Lucie
Florida 34986
(Street Address of Principal Office)

6. 7404 laurels place
Port Saint Lucie
Florida 34986
(Mailing Address)

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

Name: David M. Scott

Office Address: 7404 Laurels Place

Port Saint Lucie, Florida 34986
(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)

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☒ Manager	Name: [illegible]	☐ Manager	Name:
☒ Member	Address: 7404 Laurels Place PSL FL 3498	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: Olive Scott	☐ Manager	Name:
☒ Member	Address: 7404 Laurels Pl. PSL Fl 34986	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ 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 an index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, not 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. The document is executed in accordance with section [illegible] Florida Statutes, and the fact that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in [illegible]

_____

_____

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: 468-472 W. LOS ANGELES DR. LLC

FILE NUMBER:	200604810162
FORMATION DATE:	02/14/2006
TYPE:	DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 4, 2019.

ALEX PADILLA
Secretary of State

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