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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CAPE CORAL TOW	ERS II, LLC				
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			 Foreign Corp. File		
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Walk-In	Will Pick Up		 Courier		

### **COVER LETTER**

TO:	Registration Section Division of Corporations		•
SUBJE	CAPE CORAL TOWERS II, LLC		
		e of Limited Liability	Company
The end Existen	closed "Application by Foreign Limited Liability ( ce, and check are submitted to register the above	Company for Authoriz referenced foreign lim	ation to Transact Business in Florida," Certificate of ited liability company to transact business in Florida.
Please r	return all correspondence concerning this matter to	the following:	
	JOHN N BRUGGER		
		Name of Person	
	FORSYTH & BRUGGER, P.A.		
,		Firm/Company	
	600 5TH AVE S., SUITE 207		
		Address	
	NAPLES, FL 34102		
	C	ity/State and Zip Code	
	JBRUGGER@FORSYTHBRUGGER	r.COM	
	E-mail address: (to be	used for future annua	report notification)
For furth	her information concerning this matter, please call	1:	
	JOHN N BRUGGER	239 at (	263-6000
	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 DEPA	ARTMENT OF STA	TE
	\$125.00 Filing Fee \$130.00 Filing F	ee & 🔲 \$155.00	Filing Fee & S160.00 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: CAPE CORAL TOWERS II, 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.") **DELAWARE** 30-6280280 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 600 5TH AVE S., STE 207 600 5TH AVE S., STE 207 6. (Mailing Address) (Street Address of Principal Office) **NAPLES, FL 34102** NAPLES, FL 34102 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) JOHN N BRUGGER Name: 600 5TH AVE S., STE 207 Office Address: NAPLES, FL 34102 , Florida

#### 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.

(City)

(Registered agent's signature)

Title or Capacity:  Manager	Name and Address:  MARASCO, CLAUDIO  Name:	Title or Capacit	_	Name a		<del></del>
☐ Member	600 5TH AVE S STE 207	Manager	Name:			
_	Address:	☐ Member	Address: _	<u> </u>		
Authorized		☐ Authorized				_
Person		Person				
Other	Other	Other		Other		
☐Manager	Name:	☐ Manager	Name:			
Member	Address:	Member				
Authorized		Authorized				
Person		Person				
Other	Other	Other		Other		
Manager	Name:	☐ Manager	Name:		2019 \$1	<del></del>
☐Member	Address:	☐ Member	Address: _		<u></u>	ئر أن و أن دنية
Authorized		Authorized			9	
Person	<del></del>	Person		<u>.</u>	AH (	, , <u>;</u>
Other	Other	Other		Other_	9: 23	~B*
9. Attached is a certif jurisdiction under the of the translator must	e an attachment to report more than six (6). The pay be added to the index when filing your Floricate of existence, no more than 90 days old, or law of which it is organized. (If the certificate be submitted)  executed in accordance with section 605.0203 and to the Department of State constitutes a thin	duly authenticated by the is in a foreign language	official havin , a translation	ort form.  g custody of of the certific	records cate und	in the er oath

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "CAPE CORAL TOWERS II, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPE CORAL TOWERS II, LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 203622569

Date: 09-18-19

7605019 8300 SR# 20197104352