

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓



Fax

2019 OCT -9 PM 4:59

TO: Brook - FI Division of Corporations FROM: Ann Kaplan

FAX: 850-245-6030

PAGES: 7

PHONE:

DATE: October 3, 2019

RE: Foreign LLC Registration assistance

CC:

☒ Urgent☐ For review☐ Please comment☐ Please reply☐ Please recycle2019 OCT -9 PM 3:21
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Good afternoon Brook,

I'm attaching our updated request to register Florida Investments LLC in Florida. The original application was rejected due to a duplicate name. Please complete our registration using the alternate name "Florida Investments 1 LLC", as indicated on our attached application.

If you have any questions or concerns, please let me know as soon as possible. I am trying to complete the re-employment tax registration asap in order to complete this month's quarterly payroll reports, and this is our first step.

Thank you,

Ann Kaplan, CPA

239-940-2761

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA INVESTMENTS 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:

Ann Kaplan

Name of Person

Rent a Genius

Firm/Company

12995 S. Cleveland Ave., Suite 208

Address

Fort Myers, FL 33907

City/State and Zip Code

ann@rentagenius.com

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

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For further information concerning this matter, please call:

Ann Kaplan

239

940-2761

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

FLORIDA INVESTMENTS I 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. STATE OF WYOMING 3. 26-0522461
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/01/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15050 SANDPIPER PRESERVE BLVD APT 1 6. 15050 SANDPIPER PRESERVE BLVD APT 1
(Street Address of Principal Office) (Mailing Address)

FORT MYERS, FL 33919

FORT MYERS, FL 33919

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

Name: Ann Kaplan

Office Address: 12905 S. Cleveland Ave., Suite 208

Fort Myers, Florida 33907
(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.

Ann Kaplan
(Registered agent's signature)

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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]:

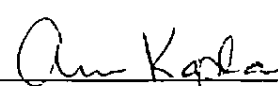
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: ANN KAPLAN	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 12995 S CLEVELAND AVE	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	SUITE 208	<input type="checkbox"/> Authorized	_____
Person	Fort Myers, FL 33907	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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

 Ann Kaplan

 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,

Florida Investments, LLC

is a


Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 1, 2005**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2005-000495774**.

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 19th day of August, 2019 at 3:19 PM. This certificate is assigned 032310015.




Secretary of State