

W1900000742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

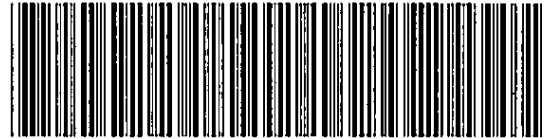
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W190000076513

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TALLAHASSEE, FLORIDA

2019 SEP 20 PM 4:42

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2019

MARC PEARSON  
1921 WATERS EDGE  
POMPANO BEACH, FL 33062

SUBJECT: PERFECT LOCATION, LLC  
Ref. Number: W19000076513

We have received your document for PERFECT LOCATION, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$55.00.

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: 219A00017015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PERFECT LOCATION, 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:

MARC PEARSON  
Name of Person

PERFECT LOCATION, LLC  
Firm/Company

1921 WATERS EDGE  
Address

POMPANO BEACH, FL 33062  
City/State and Zip Code

MPPEARSON@AOL.COM  
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

MARC PEARSON at ( 954 ) 785-4307  
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

CHECK FOR  
\$55 PLUS  
PREVIOUS \$70  
CHECK (SEE ATTACHED  
LETTER FROM YOUR OFFICE  
(REFERENCE #: W19000076513))

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. PERFECT LOCATION, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. —  
(FEI number, if applicable)

4. 1/29/2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1921 WATERS EDGE  
(Street Address of Principal Office)

6. 1921 WATERS EDGE  
(Mailing Address)

POMPANO BEACH, FL  
33062

POMPANO BEACH, FL  
33062

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

Name: MARC PEARSON

Office Address: 1921 WATERS EDGE

POMPANO BEACH, Florida 33062  
(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.

Marc S. Pearson  
(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: MARC PEARSON

☒ Member                      Address: 1921 WATERS EDGE

☐ Authorized                      POMPANO BEACH, FL

Person                      33062

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager                      Name: CHARLENE WELSH

☒ Member                      Address: 1921 WATERS EDGE

☐ Authorized                      POMPANO BEACH, FL

Person                      33062

☐ 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 of an authorized person

MARC P PEARSON  
\_\_\_\_\_  
Typed or printed name of signee

# Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "PERFECT LOCATION, 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 FOURTH DAY OF SEPTEMBER, A.D. 2019.

2019 SEP 20 PM 4:42  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

6731963 8300

SR# 20196824994

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203529710

Date: 09-04-19

**Scott, Yvette**

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**From:** Marc Pearson <mppearson@aol.com>  
**Sent:** Monday, October 14, 2019 5:01 PM  
**To:** Scott, Yvette  
**Subject:** Correction to application for Perfect Location, LLC to do business in Florida

EMAIL RECEIVED FROM EXTERNAL SOURCE

Dear Ms. Scott:

The purpose of this email is to inform you that I made a mistake in completing the documentation for registering Perfect Location, LLC for doing business in the State of Florida. Specifically, I mistakenly filled in a date in line 4, but line 4 should be blank.

I greatly appreciate your assistance in this matter and hope that this email suffices to clear up any confusion. Please don't hesitate to contact me with any further questions.

Sincerely...and very appreciative,  
Marc Pearson

2019 SEP 20 PM 4:42  
TALLAHASSEE, FLORIDA