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COVER LETTER

TO:		ration Section on of Corporations							
SUBJI		anakcia, LLC							
3000	_		Name of Lim	ited Liability	Company				
			ign Limited Liability Company to register the above reference						
Please	return al	l correspondence co	neerning this matter to the foll	owing:					
		Pamela J. Jackso	π						
			Name	of Person			_		
		Panakeia, LLC							
	Firm/Company								
		6508 Costa Cir							
Address									
		Naples, FL 34113							
		City/State and Zip Code							
		pam.jackson@pan	akeiausa.com				, , ¢	Ž.	
			E-mail address: (to be used for	r future annua	report notification	n)		<u>≈</u>	٠ر
For fu	rther info	rmation concerning	this matter, please call:			エ)- い		3119 SEP 27	:
	Pame	la Jackson	a	760 L(805-9000	SEC.			I
		Name of	Contact Person	Area Code	Daytime T	elephone Number	₹55 -1 (:x :5	C
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		TATE	AM 10: 07		
		sed is a check for the make check payable	e following amount: e to: FLORIDA DEPARTMI	ENT OF STA	TE				
	_	25.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00		S 160.00 Filin of Status & O	_		

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Panakeia, LLC	Lunited Liability Company, must include "Limite	d Lability Compa	ny," "L.L.C.," or "LLC.")	 			
,		, ,	•				
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida. The alternate nat	me must include "Limited Liability C	Jompany," "L.L.C," or "L.L.C.")			
Virginia 2.	high foreign limited liability company is organized)	27-47 3	31757				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FI:I number, if applicable)				
September, 11, 2019							
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) ine penalty liability)		_			
6508 Costa Cir 5.			-B Jefferson Avenue, Su				
(Street Address of	Principal Office)		(Mailing Address)				
Naples, FL 34113		Newpo	ort News, VA 23606	2019 S			
				SEP 2			
•							
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	NOT accepta	ble)	AH IO: OT			
	Pamela J. Jackson						
Name:	- unicia s. sacroom			₹#			
Office Address:	6508 Costa Cir						
	Naples		34113 . Florida				
	(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)

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: Title or Capacity: Name and Address: Name: Claude V. Meadows Pamela J. Jackson Manager Manager 612 Windemere Road 6508 Costa Cir. Address: Member Address: ■ Member Naples, FL 34113 Newport News, VA 23602 ■Authorized Authorized Person Person Other____ Other__ Other____ Other_ Manager Name: ■ Manager Name: Member ☐ Member Address: Authorized Authorized Person Person Other____ Other_ Other_ Manager Name: Manager Name: Member Address: ☐ Member Address: _ □Authorized Authorized Person Person Other_____ Other Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of somee

Pamela J. Jackson

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Panakeia, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 31, 2011; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: September 24, 2019

Joel H. Peck, Clerk of the Commission

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