

**MTA 0000001632**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2013 OCT 25 PM 12:05

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
OPEN WINDOW PROPERTY MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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OCT 28

EXAM

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Corporate Filing Menu

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Open Window Property Management 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:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee FL 32301

City/State and Zip Code

Jennifer.boyle@aemcorp.com

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

For further information concerning this matter, please call:

Name of Contact Person at ( 855 ) 498-5500  
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:

☐ \$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

2019 OCT 25 PM 12:05  
CLERK OF STATE  
TALLAHASSEE, FL 32301

# 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. Open Window Property Management LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

## 2. Virginia

(Jurisdiction under the law of which foreign limited liability company is organized)

## 3. 46-3668399

(FIS number, if applicable)

## 4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

## 5. 13880 Dulles Corner Lane

(Street Address of Principal Office)

Suite 300

Herndon, VA 20171

## 6. PO Box 1263

(Mailing Address)

Camarillo, CA 93011-1263

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee

(City)

Florida 32301

(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.

*Kim Tadlock*

Kim Tadlock, Assistant Secretary on

behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

## 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

### Title or Capacity:

Sole Manager

### Name and Address:

Sharon deMonsabert

13880 Dulles Corner Lane, Ste. 300

Herndon, VA 20171

### Title or Capacity:

President

### Name and Address:

Winston deMonsabert

13880 Dulles Corner Lane, Ste. 300

Herndon, VA 20171

(Use attachments if necessary)

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.

*Sharon deMonsabert*

Signature of an authorized person

Sharon deMonsabert

Typed or printed name of signer

2019 OCT 25 PM 12:05  
DEPARTMENT OF STATE  
FACILITY ACCESS CONTROL

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

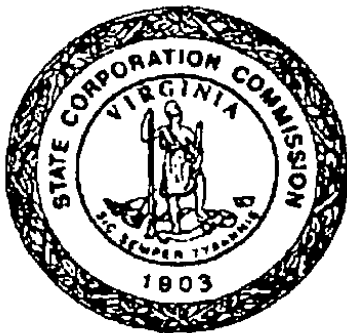
*I Certify the Following from the Records of the Commission:*

That Open Window Property Management LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 19, 2013; 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:  
October 25, 2019*

*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission