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NAME:

SAVANNAH LAKE DRIVE LLC

TYPE OF FILING: APPLICATION

155.00

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## 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:

			·····	
	name adopted for the purpose of transacting business i	n Florida. The alter	nate name must include "Limited Liability	Company," IL C," or "LLC.")
Delaware		3.		P. 0
(Jurisdiction under the law of w	hich foreign funited liability company is organized)	-	(FEI number, i	SS -
	(Date first transacted business in Florida, if pro	or to registration.)		PH 4: 43 PH 4: 43 EE. FLORID
11404 0	(See sections 605.0904 & 605 0905, F.S. to de			53 <b>53</b>
11424 Savannah Lake			1424 Savannah Lake Drive	72
(Street Address of	Principal Office)	_	(Mailing Address)	)
Parrish, FL 34219		P	arrish, FL 34219	
Name and street address	ss of Florida registered agent: (P.O. I	— Box NOT acc	reptable)	<del></del>
	ss of Florida registered agent: (P.O. I Ashley Guagenti	— Зох <u>NOT</u> acc	eptable)	
Name and street address Name:		Box <u>NOT</u> acc	eptable)	
		Box <u>NOT</u> acc	ceptable)	
Name:	Ashley Guagenti 11424 Savannah Lake Drive Parrish	Box <u>NOT</u> acc	 	
Name:	Ashley Guagenti 11424 Savannah Lake Drive	Box <u>NOT</u> acc	34219	

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: Ashley Guagenti Manager Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_ H424 Savannah Lake Drive Member Member Address: Parrish, FL 34219 Authorized Authorized Person Person Other\_\_ Other\_\_\_\_ Other\_\_\_ Name: \_\_\_\_\_ Manager Manager Manager Name: Member Address: ☐ Member Address: \_ Authorized Authorized Person Person Other\_ Other\_\_\_\_ Other\_ Other Name: Manager ☐ 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. 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 from as provided for in s.817.155, F.S.

Ashley Guagenti

Typed or printed name of signee

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## <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "SAVANNAH LAKE DRIVE 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 TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2019

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAVANNAH LAKE OF DRIVE LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 7

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

Authentication: 204096148

Date: 11-27-19

7724020 8300 SR# 20198329412