## 1900163

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
	☐ WAIT	☐ MAIL			
		I WATE			
(Bu	isiness Entity Nar	me)			
(Document Number)					
Certified Copies	Copies Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



000336618020

11/14/19--01015--008 \*\*125.00



Registration Section Division of Corporations

TO:

Banana Asset Mana SUBJECT:		ted Liability Company	,	
The enclosed "Application by For Existence, and check are submitte				
Please return all correspondence of	concerning this matter to the follo	wing:		
Lolita Masseng	ill			
	Name	of Person	2019 NOV 14	<u></u>
4850 Motor Ya		Company	SSEE, FL	
Jacksonville, F		dress	URIDA	5
lmassengill@cor	•	and Zip Code		
	E-mail address: (to be used for	future annual report n	otification)	
For further information concerning	g this matter, please call:			
Jessica Bundy	at		2453 Ext. 116	
Name o	of Contact Person		aytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisio Registr Clifton 2661 E	er Address:  n of Corporations ation Section Building executive Center Circle ussee, FL 32301	
Enclosed is a check for t Please make check payal	he following amount: ble to: FLORIDA DEPARTME	NT OF STATE		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing F Certified Copy	<del>-</del>	•

## 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: Banana Asset Management, 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 "L.L.C." Alaska (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 505 Old Steese Hwy Stc. 122 200 W. 34th Ave. #977 (Street Address of Principal Office) Fairbanks, AK 99701 Anchorage, AK 99503 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Lolita Massengill Name: 4850 Motor Yacht Drive Office Address: Jacksonville , Florida 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

Folta Manerall
(Registered agent's signature)

and accept the obligations of my position as registered agent.

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: Lolita Massengill James Massengill Name: Manager Manager 4850 Motor Yacht Drive 4850 Motor Yacht Drive Address: Address: Member Member Jacksonville, FL 32225 Jacksonville, FL 32225 Authorized Authorized Person Person Other\_\_\_\_ Other Other\_\_ Other Manager Manager Member Address: Member Authorized Authorized Person Person Other \_\_\_\_ Other\_ Other\_ Name: \_\_\_\_\_ ■ Manager Manager Address: \_\_\_\_\_\_ Member Address: Member 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. Folto Manerall
Signature of an authorized person Lolita Massengill

Typed or printed name of signee

