

MA0000000978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500339007265

01/10/20 01008 -015 **125.00

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2020 JAN 10 A 9:47

FILED

T. LEMUEUX

JAN 25 2020

Mike Carrier
2 Barracuda Lane
Key Largo, FL 33037

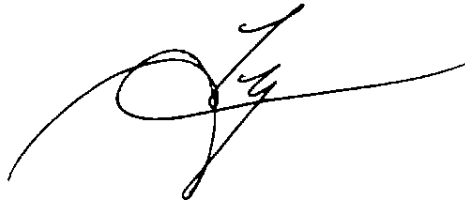
December 24, 2019

Dear Mike;

Enclosed are the papers for registering our Iowa LLC in Florida. I have placed the page where you need to sign on top of the papers. Sign where indicated for the Registered Agent and then enclose the papers with the check in the addressed envelope provided.

That should take care of it. I will check the Secretary of State's listing of corporations after the check clears.

Thanks,

A handwritten signature in black ink, featuring a large, stylized 'J' or 'G' shape with a horizontal line extending to the right.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sailfish 430 L.L.C.
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:

Ty Logan
Name of Person

Firm/Company

1229 Grand Avenue
Address

Keokuk, IA 52632
City/State and Zip Code

Ty@TyLoganLaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ty Logan at (319) 795-9079
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

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. Sailfish 430 L.L.C.
(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. Iowa
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 1229 Grand Avenue
(Street Address of Principal Office)

6. 1229 Grand Avenue
(Mailing Address)

Keokuk, IA

Keokuk, IA

52632

52632

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

Name: Mike Carrier

Office Address: 2 Barracuda Lane

Key Largo, Florida
(City)

FILED
2020 JAN 10 A 4:57
SECRETARY OF
STATE
TALLAHASSEE, FL
33037
(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.

Michael P. Carrier
(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: Joan Logan

☒ Member Address: 4 Park Place

☒ Authorized Keokuk, IA 52632

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Ty Logan

☐ Member Address: 1229 Grand Avenue

☒ Authorized Keokuk, IA 52632

Person _____

☒ Other Attorney ☐ Other _____

☐ Manager Name: Mike Carrier

☐ Member Address: 2 Barracuda Lane

☒ Authorized Key Largo, FL 33037

Person _____

☒ Other Registered Agent ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

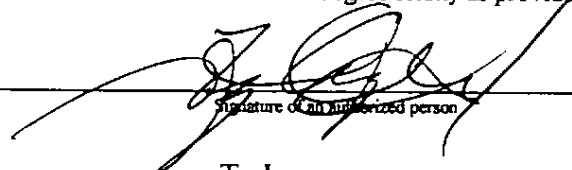
Person _____

☐ 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

Ty Logan

Typed or printed name of signee

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 12/23/2019

Name: SAILFISH 430 L.L.C. (489DLC - 622218)

Date of Incorporation: 12/20/2019

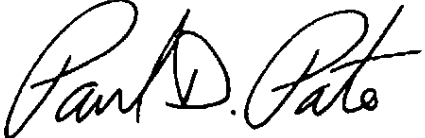
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: **CS184183**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate


Paul D. Pate, Iowa Secretary of State