

M20000002277

(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



100340766111

02/14/20--01019--020 \*\*125.00

FILED

2021 FEB 27 P. 1:22

RECEIVED

600-1966

FEB 27

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Subtropix, LLC an Idaho limited liability company  
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:

Christy Brady Janssen, Esq.  
Name of Person

Christy Brady Janssen, P.A.  
Firm/Company

120 S. Olive Ave., Ste. 504, West Palm Beach, FL 33401  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

Cjanssen@bellsouth.net  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Brady Janssen at ( 561 ) 420 0583  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2020

CHRISTY B JANSSEN  
120 S OLIVE AVE STE 504  
W PALM BEACH, FL 33401

SUBJECT: SUBTROIPIX, LLC  
Ref. Number: W20000019664

We have received your document for SUBTROIPIX, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 520A00004071

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_, ss. I, \_\_\_\_\_, SECRETARY OF THE STATE, DO HEREBY CERTIFY THAT THE FOLLOWING FOREIGN LIMITED LIABILITY COMPANY IS AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Subtopix, 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. IDAHO  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3667366  
(FEI number, if applicable)

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

5. 206 E. Walnut  
(Street Address of Principal Office)

6. P.O. Box 245  
(Mailing Address)

Hailey, ID 83333

Sun Valley, ID 83353-0245

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

Name:

Christy Brady Janssen, P.A.

Office Address:

120 S. Olive Ave., Ste 504

West Palm Beach

(City)

Florida

33401  
(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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Dustin Preece</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>417 Winthrop</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Boise, ID 83709</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Scott Harms</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>471 Cuyahoga</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Ketchikan, ID 99340</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

\_\_\_\_\_  
Typed or printed name of signer



# STATE OF IDAHO

Lawrence Denney | Secretary of State  
Business Office  
450 North 4th Street  
PO Box 83720  
Boise, ID 83720

February 11, 2020

Request Type: Certificate of Existence/Filing  
Request #: 0003778399  
Receipt #: 000290370

Issuance Date: 02/11/2020  
Copies Requested: 0

Regarding: Subtropix, LLC  
Filing Type: Limited Liability Company (D)  
Formation/Qualification Date: 11/11/2019  
Status: Active-Existing  
Duration Term: Perpetual

File #: 3674731  
Formation Locale: IDAHO  
Inactive Date:

## Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

Subtropix, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature in black ink, appearing to read "Lawrence Denney".

Lawrence Denney  
Idaho Secretary of State

Processed By: Business Division

Verification #: 006165924