

MA0000002769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

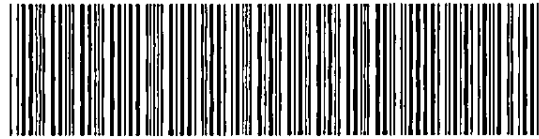
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2020 MAR 11 AM 10:52 MAR 11 AM 10:28
CLERK OF SUPERIOR COURT
JANUARY OF 2020
CLERK OF SUPERIOR COURT
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: I AM PADDLING WHERE 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:

VALERIE C KORMAN

Name of Person

I AM PADDLING WHERE LLC

Firm/Company

22186 Catherine Ave

Address

Port Charlotte FL 33952

City/State and Zip Code

1aproperty.com@gmail.com

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

For further information concerning this matter, please call:

Valerie or anyone 941-800-6679

253

-350-3874

at ()

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

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. I AM PADDLING WHERE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

I A PADDLING W 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. Delaware 84-4780723
(Jurisdiction under the law of which foreign limited liability company is organized) (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. I AM PADDLING WHERE LLC I AM PADDLING WHERE LLC
(Street Address of Principal Office) (Mailing Address)

22186 Catherine Ave PO BOX 512310
Port Charlotte FL 33952 PUNTA GORDA, FL 33951

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

Name: VALERIE KORMAN
Office Address: 22186 Catherine Ave
Port Charlotte 33952
(City) Florida (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.

Valerie C. Korman
(Registered agent's signature)

FILED
2020 MAR 11 AM 38
CLERK OF COUNTY OF FLORIDA
PORT CHARLOTTE, FLORIDA

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: VALERIE KORMAN
☒ Member Address: PO BOX 512310
☐ Authorized PUNTA GORDA, FL 33951
Person
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: Ken or Shelia Hensel
☐ Member Address: 1062 Sanger St
☒ Authorized Port Charlotte FL 33952
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: Bumford NP LLC
☒ Member Address: PO BOX 512310
☐ Authorized PUNTA GORDA, FL 33951
Person 1aproperty.com@gmail.com
☐ 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.

Valerie C. Korman
Signature of an authorized person

VALERIE KORMAN

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "I AM PADDLING WHERE 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 FIFTH DAY OF MARCH, A.D. 2020.



7885539 8300

SR# 20201944809

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202527415

Date: 03-05-20