

1720000002984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

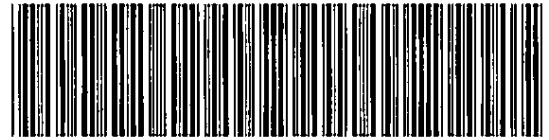
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR 13 PM 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2021

T. LEMIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mettler Enterprises I, 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:

Joel Mettler

Name of Person

Mettler Enterprises I, LLC

Firm/Company

10550 Baymeadows Road Unit 101

Address

Jacksonville, FL 32256

City/State and Zip Code

joel.mettler@profileplan.com

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

For further information concerning this matter, please call:

Joel Mettler

605

212-4038

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. Mettler Enterprises I, 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 "LLC.")

2. South Dakota 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10550 Baymeadows Road 6. 10550 Baymeadows Road
(Street Address of Principal Office) (Mailing Address)

Unit 101 Unit 101
Jacksonville, FL 32256 Jacksonville, FL 32256

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

Name: Joel Mettler
Office Address: 10550 Baymeadows Road Unit 101
Jacksonville, FL 32256
_____, Florida _____
(City) (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.

Joel Mettler
(Registered agent's signature)

FILED
2020 MAR 13 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

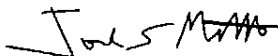
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Joel Mettler	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 10550 Baymeadows Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Unit 101	<input type="checkbox"/> Authorized	_____
Person	Jacksonville, FL 32256	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Sarah Mettler	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 10550 Baymeadows Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Unit 101	<input type="checkbox"/> Authorized	_____
Person	Jacksonville, FL 32256	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

Joel S Mettler

Typed or printed name of signer

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

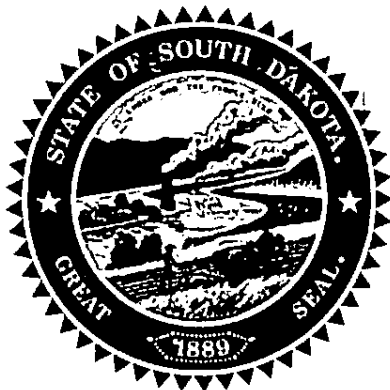
I, **Steve Barnett**, Secretary of State of the State of South Dakota, hereby certify that

METTLER ENTERPRISES I, LLC

Business ID: DL168484

was authorized to transact business in this state on: August 8, 2019.

I, further certify that **METTLER ENTERPRISES I, LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, March 8, 2020.

Steve Barnett

Steve Barnett
Secretary of State

03/08/2020 9:06 PM

Verification #: 012719423



OFFICE OF THE SECRETARY OF STATE
STEVEN J. BARNETT, SECRETARY OF STATE
JASON LUTZ, DEPUTY SECRETARY OF STATE

JOEL METTLER
10550 BAYMEADOWS ROAD
UNIT 101
SARAH METTLER
JACKSONVILLE, FL 32256

March 8, 2020

Request Type: Certificate of Good Standing/Authorization
Request #: 0149533

Issuance Date: 03/08/2020
Copies Requested: 1

Document Receipt

Receipt # : 001633710 **Filing Fee:** \$20.00
Payment-Credit Card - JOEL METTLER, JACKSONVILLE, FL #: 0124163023 **\$20.00**

Regarding:	METTLER ENTERPRISES I, LLC	Business ID :	DL168484
Filing Type:	Domestic Limited Liability Company	Date Formed:	
Formation/Qualification Date:	08/08/2019	Formation Locale:	South Dakota
Status:	Good Standing	Inactive Date:	
Duration Term:	Perpetual		
Business County:			
