

# M20000003167

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

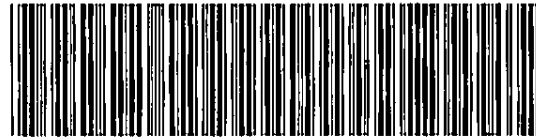
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WDC  
3/23/20

Office Use Only

Received 3/23/20 WDC  
Correction



700341185817

03/10/20--01013--030 \*\*130.00

RECEIVED

MAR 09 2020

FILED  
20 MAR 23 AM 2:14  
CLERK OF SUPERIOR COURT  
FALLS CHURCH, VIRGINIA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunny Beach Management, 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:

Julie Anderson  
Name of Person

Sunny Beach Management, LLC  
Firm/Company

18890 E 575 Rd  
Address

Colcord OK 74338  
City/State and Zip Code

Sunnybeach63@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Anderson at ( 479 ) 524-7740  
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

FILED  
20 MAR 23 AM 2:14

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. Sunny Beach 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 "LLC.")

2. Oklahoma 3. 84-4823574  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/20/20  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 18890 E 575 Rd 6. 18890 E 575 Rd  
(Street Address of Principal Office) (Mailing Address)

Colcord OK Colcord OK  
74330 74330

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

Name: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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.

Jackie DeFilippis Jackie DeFilippis on behalf of Incorp Services, Inc.  
(Registered agent's signature)

FILED  
20 MAR 23 AM 2:14

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 type="checkbox"/> Manager	Name: <u>Julie Anderson</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>18890 E 575 Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Col Cord OK 74338</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 _____
 <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 _____

FILED  
20 MAR 23 AM 2:14  
CLERK OF COURT  
JULIE KAY ANDERSON

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.

Julie Kay Anderson  
Signature of an authorized person  
Julie Kay Anderson  
Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING  
DOMESTIC LIMITED LIABILITY COMPANY**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that SUNNY BEACH MANAGEMENT, LLC whose registered agent is JULIE KAY ANDERSON, with its registered office at 18890 E. 575 RD COLCORD 74338 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 4th, day of March, 2020.*

*[Handwritten Signature]*

*Secretary Of State*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2020

JULIE KAY ANDERSON  
SUNNY BEACH MANAGEMENT, LLC  
18890 E 575 RD  
COLCORD, OK 74338

SUBJECT: SUNNY BEACH MANAGEMENT, LLC  
Ref. Number: W20000026219

We have received your document for SUNNY BEACH MANAGEMENT, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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

Laura D Chang  
Regulatory Specialist II

Letter Number: 920A00005396

*\*1001  
my check wasn't returned with the paperwork,  
Please write Void on one of them and send it  
back please*

*Julie Anders  
479-524-7740*

RECEIVED

MAR 23 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2020

JULIE KAY ANDERSON  
SUNNY BEACH MANAGEMENT, LLC  
18890 E 575 RD  
COLCORD, OK 74338

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Laura D Chang  
Regulatory Specialist II

Letter Number: 920A00005396

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Division of Corporations**

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Please return all correspondence concerning this matter to the following:

Julie Kay Anderson  
Name of Person

Sunny Beach Management, LLC  
Firm/Company

18890 E 575 Rd  
Address

Colcord OK 74338  
City/State and Zip Code

Sunnybeach63@yahoo.com  
E-mail address: (to be used for future annual report notification)

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Julie Anderson at ( 479 ) 524-7740  
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  
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IN FLORIDA

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

The Sunny Beach Management, 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. Oklahoma  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4823574  
(FEI number, if applicable)

4. 4/20/2020  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 18890 E 575 Rd  
(Street Address of Principal Office)

6. 18890 E 575 Rd  
(Mailing Address)

Colcord OK 74338

Colcord OK 74338

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

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_, 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.*

\_\_\_\_\_  
(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: Julie Anderson

☒ Member                      Address: 18890 E 575 Rd

☐ Authorized                      Colcord OK 74338

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ 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 \_\_\_\_\_

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Julie Kay Anderson  
Signature of an authorized person

Julie Kay Anderson  
Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE



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**DOMESTIC LIMITED LIABILITY COMPANY**

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*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 4th, day of March, 2020.*

*Secretary Of State*

SUNNY BEACH MANAGEMENT  
18890 E 575 RD.  
COLCORD, OK 74338

81-275/829

1003

DATE 3/17/20 MP

PAY TO THE ORDER OF Debra Decker \$ 330.00

DIAMOND CHECKING

MP

Heat Reactive Ink

Original Check deposited. Returning this check as requested marked VOID

2390211 1003

MP

INCLUDING THE SECURITY MARKS AND HEAT REACTIVE INK DETAIL ON BACK.