

ma0000003607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

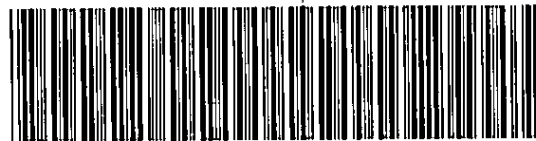
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/02/20--01015--018 **30.00

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04/10/20--01005--003 **25.00

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SECRETARY OF STATE

APR 10 A 8:28

FILED

APR 13 2020
T. LEVINE

WJD-2057
WJD-20750
LST-07M

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICOLE LTD, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William J Bourjaily

Name of Person

MICOLE LTD, LLC

Firm/Company

953 Carrick Bend Cir Ste 102

Address

Naples, FL 34110

City/State and Zip Code

wjbb701@yahoo.com

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

For further information concerning this matter, please call:

William J Bourjaily

at (561) 236-3539

Name of 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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2020

WILLIAM J BOURJAILY
953 CARRICK BEND CIR #102
NAPLES, FL 34110

SUBJECT: MICOLE LTD LLC
Ref. Number: W20000030750

We have received your document for MICOLE LTD LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file a Foreign LLC is \$125.00. You will need to send \$25.00.,

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: 520A00006304

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. MICOLE LTD 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. Ohio
(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. 953 Carrick Bend Cir #102
(Street Address of Principal Office)

6. 953 Carrick Bend Cir #102
(Mailing Address)

Naples, FL 34110

Naples, FL 34110

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

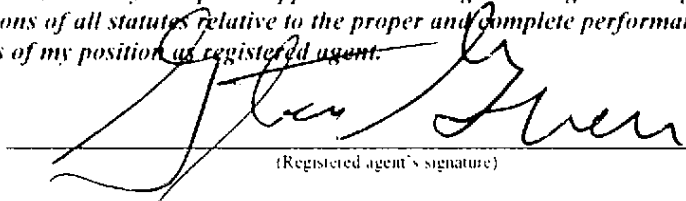
Name: Stanley Green

Office Address: 20864 Glenn Eagles Links

Estero, Florida 33928
(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)

FILED
APR 10 A 8:20
CLERK OF DISTRICT COURT
NAPLES, 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: William J Bourjaily

☐ Member Address: 953 Carrick Bend Cir #102

☐ Authorized Naples, FL 34110

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Michael J Bourjaily

☒ Member Address: 7363A Freeman Place

☐ Authorized Goleta, CA 93117

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Elaine M Bourjaily

☒ Member Address: 953 Carrick Bend Cir #102

☐ Authorized Naples FL 34110

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Nicole M Melendez

☒ Member Address: 3912 Behrwald Avenue

☐ Authorized Cleveland, OH 44109

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

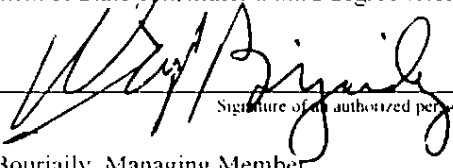
Person _____

☐ 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
William J Bourjaily, Managing Member

Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MICOLE, LTD., an Ohio Limited Partnership, Registration Number 1199477, filed on December 26, 2000, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 17th day of March, A.D. 2020.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202007700778