

M20000003681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

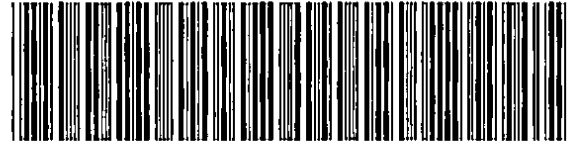
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

112000034050

Office Use Only



500342436545

03/25/20--01007--015 **160.00

2020 APR 13 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 14 2020

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 6 O'Clock Gin, 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:

Sharon Nolan

Name of Person

Black Diamond Capital

Firm/Company

101 E Kennedy Blvd, Suite 2100

Address

Tampa, FL 33602

City/State and Zip Code

snolan@blackdiamondcap.com

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

For further information concerning this matter, please call:

Sharon Nolan

727

687-5820

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. 6 O'Clock Gin, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. March 23, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 101 E Kennedy Blvd, Suite 2100
(Street Address of Principal Office)

6. PO Box 172117
(Mailing Address)

Tampa, FL 33602

Tampa, FL 33672

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2020 APR 13 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

please see attached
(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]:

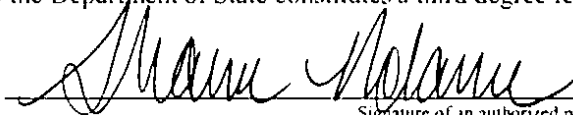
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Sharon Nolan	<input type="checkbox"/> Manager	Name: Michael Rothman
<input type="checkbox"/> Member	Address: 101 E Kennedy Blvd	<input type="checkbox"/> Member	Address: 101 E Kennedy Blvd
<input checked="" type="checkbox"/> Authorized	Suire 2100	<input checked="" type="checkbox"/> Authorized	Suite 2100
Person	Tampa, FL 33602	Person	Tampa, FL 33602
<input type="checkbox"/> Other Secretary	<input type="checkbox"/> Other	<input type="checkbox"/> Other Treasurer	<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

2020 APR 13 PM 1:01
 DEPARTMENT OF STATE
 OFFICE OF THE SECRETARY

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

Sharon Nolan
 Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE OF
6 O'Clock Gin, LLC

Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned limited liability company submits the following statement in designation the registered office/registered agent, in the State of Florida.

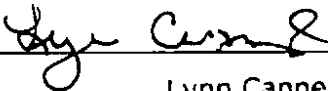
1. The name of the limited liability company is: 6 O'Clock Gin, LLC
2. The name and address of the registered agent and office are:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

The undersigned, 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 certificate, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accept the obligations of its position as registered agent as provided for in Chapter 605, Florida Statutes.

Dated:

CORPORATION SERVICE COMPANY

By: 
Name: Lynn Cannelongo, Assistant VP
Title: AVP

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "6 O'CLOCK GIN, 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 SEVENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "6 O'CLOCK GIN, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

7903586 8300

SR# 20202614182

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

Authentication: 202727015

Date: 04-07-20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2020

SHARON NOLAN
101 E KENNEDY BLVD, SUITE 2100
TAMPA, FL 33602 US

SUBJECT: 6 O'CLOCK GIN, LLC
Ref. Number: W20000034050

We have received your document for 6 O'CLOCK GIN, LLC and your check(s) totaling \$160.00. 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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 520A00007075

RECEIVED
APR 13 2020