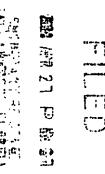
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(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone #))
PICK-UP	TIAW [MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
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CO 62 AAA

COVER LETTER

TO:	Registration Section Division of Corporation	s				
SUBJE	CANAVERAL LAN	IDING, LLC				
		Name of Lin	nited Liability	Company		
The end Existen	closed "Application by Forence, and check are submitted	eign Limited Liability Compan I to register the above reference	y for Authorizz ed foreign limi	ation to Transact ted liability comp	Business in Florida," Certificate pany to transact business in Flori	
Please	return all correspondence co	oncerning this matter to the fol	lowing:			
	NICK J. DOTTO	ORE				
		Name	of Person	 -		
	C/O Home Natio	on Cocoa LLC				
	Firm/Company					
	3737 N Cocoa F	lighway, Suite B				
	Address					
	32926					
		City/State	and Zip Code			
	wyomingamerica	nholdings@hushmail.com ec s	ales@canaver	allanding.com		
		E-mail address: (to be used fo	r future annual	report notification	on)	
or furt	ther information concerning	this matter, please call:				
	Nick Dottore	·	321 t (985-3750		
	Name of	Contact Person	Area Code	Daytime T	elephone Number	
	MAILING ADDRESS:			STREET ADD	RESS:	
Division of Corporations			Division of Corporations			
	Registration Section			Registration Sec		
	P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Tallahassee, FL	Center Circle	
	Enclosed is a check for the Please make check payable	e following amount: e to: FLORIDA DEPARTMI	ENT OF STA	ГЕ		
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	\$160.00 Filing Fee, Certific of Status & Certified Copy	



April 7, 2020

NICK J DOTTORE 3737 N COCOA HWY STE B COCOA, FL 32926

SUBJECT: CANAVERAL LANDING, LLC

Ref. Number: W20000035647

We have received your document for CANAVERAL LANDING, 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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 320A00007449

RECEIVED
APR 2 7 2020

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. CANVERAL LANDII	NG, LEC Limited Liability Company; must include "Limit	ed Liability C	ompany," "L.L.C." or "LL.C				
	IG DEVELOPMENT, LLC	•		,			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The altern	nate name must include "Limited	Liability Company	," "1L.C."	or "LLC."	
WYOMING 2.		3.	4-3677446				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable)				
no business transacted							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ime penalty hab	ilay)				
Canaveral Landing, LLC (Street Address of Principal Office)		Canaveral Landing, LLC 6.					
(Street Address of	Principal Office)	·	(Mailing A	(ddress)			
508 E. 18th Street		1712 Pioneer Ave., Suite 285					
Cheyenne, Wyoming 82001		Cheyenne, Wyoming 82001					
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	NOT acc	eptable)				
Name:	Nicholas J. Dottore	· ·			豐	771	
Office Address:	3737 N. Cocoa Highway, Suite B				127	1	
	Сосоа		32926 , Florida	1,4 m 24 <u>44</u> 5,	TG #F		
	(City)		(Zip c	ode) 11.	L.p		
Registered agent's accen	tance:			`. •	<u>.</u> =1		

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: Title or Capacity: Name and Address: Name: Paul J Comino Wyoming American Holdings LL Manager Manager Address: 3737 N. Cocoa Highway 1712 Pioneer Ave., Suite 285 Member Member Cheyenne, Wyoming 82001 Cocoa, FL 32926 Authorized Authorized Person Person Other_ Other Other__ Other Manager Name: Name: Address: _____ Member Member | Address: ☐ Authorized Authorized Person Person Other_ Other____ Other_ Other____ Manager Name: Manager Address: Member Address: Member Authorized Authorized Person Person Other___ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Nicholas J. Dottore

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

Canaveral Landing, LLC **Limited Liability Company**

formed or qualified under the laws of Wyoming did on November 13, 2019, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2019-000885292.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne. Wyoming on this 20th day of April, 2020 at 11:46 AM.



By Rosalie Gonzales