

mao0000004279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

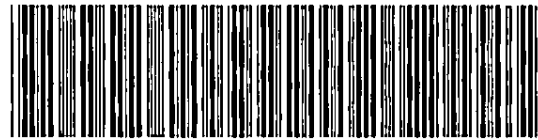
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/20--01031--003 **125.00

RECEIVED
MAY -14 A 12:00
JAN 11 2020

FILED

MAY 03 2020
7:10 PM

April 1, 2020

Via US First Class Mail

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Deliberate Living SC, LLC

To Whom It May Concern,

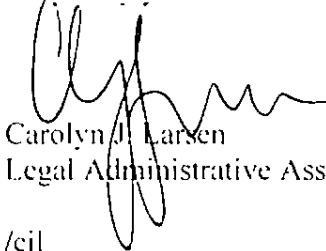
Please accept this letter as our request to file the following enclosed documents:

- 1) Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Deliberate Living SC, LLC (1 original, 1 copy).
- 2) Articles of Organization for Deliberate Living SC, LLC, as filed in South Carolina (2 copies)

I have enclosed Check Number 10434, in the amount of \$125.00, made payable to the Florida Department of State, to cover the filing fees associated therewith. Upon receipt, please file the enclosed document as soon as possible. Then, please return a date stamped copy of the enclosed documents to me in the self-addressed, stamped envelope provided, to provide evidence that the document has been filed.

Thank you for your attention to this matter and please do not hesitate to contact me directly at 801-527-1040 should you have any questions or if you should require any further documentation in order to process the enclosed filing.

Very truly yours,



Carolyn J. Larsen
Legal Administrative Assistant to Spencer J. Witt, Esq.

/cjl

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2020

YORK HOWELL & GUYMON
C/O CAROLYN J. LARSEN
10610 S JORDAN GATEWAY STE 200
S JORDAN, UT 84095

SUBJECT: DELIBERATE LIVING SE. LLC
Ref. Number: W20000036763

We have received your document for DELIBERATE LIVING SE. LLC and your check(s) totaling \$125.00. 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: 420A00007779

RECEIVED
MAY 04 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:

Deliberate Living SC, LLC

1. _____
(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 Carolina _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 311 Hampton Lake Drive _____ 6. 311 Hampton Lake Drive _____
(Street Address of Principal Office) (Mailing Address)
Bluffton, SC 29910 Bluffton, SC 29910

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

Name: Mark Picarazzi *Mark Picarazzi*

Office Address: 140 Island Way, Suite 113

Clearwater Beach _____, Florida 33767
(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
MAY - 4 A M 08
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
HILLSBORO, 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: Craig Joseph Dixon
311 Hampton Lake Drive
☐ Member Address: Bluffton, SC 29910
☐ Authorized
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: Trisha Louise Dixon
311 Hampton Lake Drive
☐ Member Address: Bluffton, SC 29910
☐ Authorized
Person
☐ Other ☐ Other

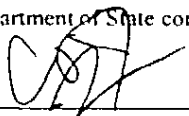
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

☐ 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

Craig Joseph Dixon, Manager

Typed or printed name of signer

The State of South Carolina




Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Deliberate Living SC, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 26th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 27th day
of April, 2020.


Mark Hammond, Secretary of State