## M200000004457

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

Registration Section

TO:

UBJECT:	WADDELL Pro	PERTY LLC of Limited Liability Company
	Name o	Tellined Elacinity Company
he enclosed "Ap xistence, and che	plication by Foreign Limited Liability Co eck are submitted to register the above ref	impany for Authorization to Transact Business in Florida," Certificate ferenced foreign limited liability company to transact business in Florida.
lease return all c	orrespondence concerning this matter to t	he following:
	MELVIN H. EATO	NI
		Name of Person
	WADDELL Pro	PERTY LLC
		Firm/Company
	1403 UNITED	ST
		Address
	Key West, FL	33046
	City	/State and Zip Code
	Key West, FL City Melmolar @ AO	L. COM
<del></del>	E-mail address: (to be u	sed for future annual report notification)
or further inform	nation concerning this matter, please call:	
_ M	ELVIN H. EATON #	at (305) 2967214  Area Code Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallaha	ssee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	l is a check for the following amount:	

## 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: (Name of Foreign Limited Liability Company; muy 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 "L.L.C," o OELA WARE
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 6. /403 UNITED ST 5. 1403 UNITED ST Street Address of Principal Office) Key West, FL 33040 Key WEST, FL 33040 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1403 UNITED ST 14 ey West, Florida 33040 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.

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]: Titleor Capacity: Name and Address: Title or Capacity: Name and Address: Name: MELUIN H, EATON I □Manager Name: **IZ**Manager Address: 1403 UNITED ST □Member □Member Address: □ Authorized □ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_ □Manager Name: □Manager Name: \_\_\_\_\_ Address: Address: □ Member ☐Member ☐ Authorized ☐ Authorized Person Person Other □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ □Member Address: ☐ Member Address: □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ ☐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 felops as proyided for in s.817.155, F.S.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WADDELL PROPERTY 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 MAY, A.D. 2020.

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



Authentication: 202892364

Date: 05-07-20



April 30, 2020

MELVIN H EATON II 1403 UNITED ST KEY WEST, FL 33040

SUBJECT: WADDELL PROPERTY LLC

Ref. Number: W20000042990

We have received your document for WADDELL PROPERTY LLC and your check(s) totaling \$130.00. 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

Qe 5/1/20

Letter Number: 820A00008972