

N 20000005133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

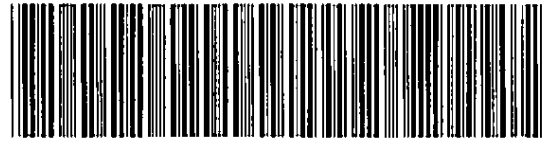
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STACEY SHAHEEN-BELLABONA, ESQ.

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AT LAW, PLLC

STACEY@SHAHEENBELLABONA.COM

May 29, 2020

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Wil-Anne Properties, LLC  
Registration of a New Hampshire Limited Liability Company

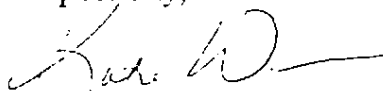
Dear Sir/Madam:

Enclosed please find the following:

- Cover letter to Registration Section – Division of Corporations
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Certificate of Existence
- Check made payable to Florida Department of State

Please call if you have any questions or concerns.

Respectfully,



Katie Welch, Paralegal to Stacey S. Bellabona, Esquire  
[katie@shaheenbellabona.com](mailto:katie@shaheenbellabona.com)

/kmw

Enclosures

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wil - Anne Properties, 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:

Stacey S. Bellabona  
Name of Person

Stacey Shahcen Bellabona Attorney at Law  
Firm/Company

1 New Hampshire Ave Suite 125  
Address

Pittsboro, NH 03801  
City/State and Zip Code

katie@shahcenbellabona.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Welch at ( 207 ) 252-1069  
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

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Wil-Anne Properties, 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. New Hampshire  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4592208  
(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. 1 New Hampshire Ave  
(Street Address of Principal Office)

6. 1 New Hampshire Ave.  
(Mailing Address)

Suite 125

Suite 125

Portsmouth, NH 03801

Portsmouth, NH 03801

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

Name: Jeanne Doley

Office Address: 2891 Glenda Place

The Villages, Florida 32143  
(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.

Jeanne Doley  
(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:

☒ Manager                      Name: Stacey S. Bellabona

☐ Member                      Address: 114 Ave.

☐ Authorized                      Suite 125

Portsmouth, NH 03801

☐ Other                      ☐ Other

☐ Manager                      Name: Wilson Ortiz

☒ Member                      Address: 2891 Glenda Place

☐ Authorized                      The Villages, FL 32163

                                                 \_\_\_\_\_

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

                                                 \_\_\_\_\_

☐ Other                      ☐ Other

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Joanne Duley

☒ Member                      Address: 2891 Glenda Place

☐ Authorized                      The Villages, FL 32163

                                                 \_\_\_\_\_

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☒ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

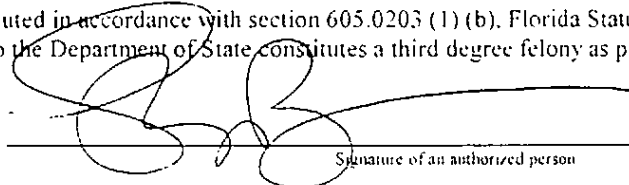
                                                 \_\_\_\_\_

☐ 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

Stacey S. Bellabona  
\_\_\_\_\_  
Typed or printed name of signee

# State of New Hampshire

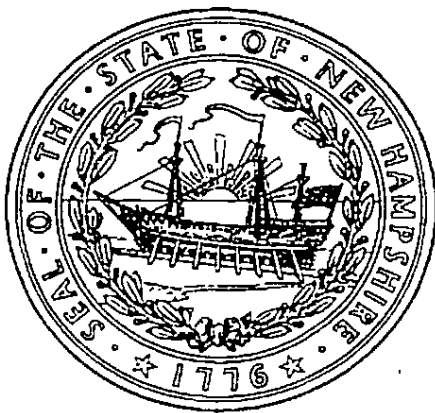
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that WIL-ANNE PROPERTIES LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on September 10, 2019. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned; and the attached is a true copy of the list of documents on file in this office.

Business ID: 826904

Certificate Number: 0004922681



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 29th day of May A.D. 2020.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State

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