N200006771

(Request	or's Name)	. <u></u>
(Address)	
(Address)	
(City/Stat	e/Zip/Phone #)	
PICK-UP] WAIT] MAIL
(Busines	s Entity Name)	_
(Docume	nt Number)	
Certified Copies	Certificates of Statu	us
Special Instructions to Filing	Officer:	
Maxxx	94129	

Office Use Only



900349439299

2020 AUG -3 PM 4: 44

10:1 MJ 8- 309 120

8/6/20

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 8/3/2020			
			WALK !N
ENTITY NAME AUTOCA	VA, LLC		
DOCUMENT NUMBER			
	PLEASE FILE THE AT	TTACHED AND RETURN	2020 AUG -3
	Plain Copy		A
XXXX	Certified Copy		
	Certificate of Status		PH 4: 46
			SALE 6
P[WING FOR THE ABOVE ENTIT	7
	Certified Copy of Arts & 1	Amendments	
	Certificate of Good Standing		
	APOSTILLE' / NOTA	ARIAL CERTIFICATION	
COUNTRY OF DESTINATION	ON		
NUMBER OF CERTIFICATE			
TOTAL OWED \$155.00		ACCOUNT #: 12016	0000072
	· · · · · · · · · · · · · · · · · · ·		<i>;</i> :
Places well Time at the	ahana mumhan ban am	icense on concerne Thom	fun en much!



August 4, 2020

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: AUTOCAVA, LLC Ref. Number: W20000084129

CORRECTED
Please Allow For
Same File Date

We have received your document for AUTOCAVA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

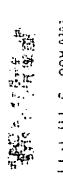
Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Yvette Scott Document Specialist II

Letter Number: 020A00014540



COVER LETTER

то:		istration Section ision of Corporation	ns .					
SUBJEC	cr.	Autocavo LLC						
оован			Name of Limited Liability Company					
			eign Limited Liability Con d to register the above refe					
Please re	eturn	all correspondence c	oncerning this matter to th	e following:				
		William N. Mo	lesworth					
				Name of Person			_	
		Autocavo				,)	
				Firm/Company			20	
		PO Box 548					2020 AUG -	
				Address		(1.2) (1.2) (1.2) (1.2)		
		Estero, FL 3391	29			To the second	PH 11: 46	
			City/	State and Zip Code		A PARTY	ر 1	
		bill@autocavo.co	וחו			<i>y</i>		
			E-mail address: (to be us	ed for future annua	report no	tification)	_	
For furth	ier in	formation concerning	g this matter, please call:					
	Wil	liam N Molesworth		201 at (290-99	900		
		Name o	f Contact Person	Area Code	Day	ytime Telephone Number	_	
	Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 thassee, FL 32314			Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301		
		check for the followi 125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, O of Status & Certified Co		

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	ign Limited Liability Company; m	ust inclu	de "Limited Liab	oility Company," "L.	L.C.," or "LLC.")
It name unavailable, enter alt iability Company," "L.L.C,"	ternate name adopted for the purpo	ose of tra	nsacting busines	s in Florida. The alte	rnate name must	include "Limited
Delaware		3	85-2202167			
(Jurisdiction under the law o	of which foreign limited liability	<i>J</i> .		(FEI number, if ap	oplicable)	
N/A. The company wil	II commence operations in Sep	tember :	2020.			
	(Date first transacted busin (See sections 605.0904 & 60	ness in F 5.0905,	lorida, if prior to F.S. to determine	registration.)		
8814 Largo Mar Drive					<u> </u>	,
Estero, FL 33929						5
	(Street Address o	f Princip	al Office)			<u>ا</u> د
8814 Largo Mar Drive		- 1-18				P
Estero, FL 33929					77 6	PH 11: 4.7
	(Mailing	Addres.	·)			=
. Name and street address	s of Florida registered agent: (1	P.O. Bo	x <u>NOT</u> accepti	ible)	P	
Name:	National Registered Agent, Ir	nc.		_		
Office Address:	1200 South Pine Island Road					
	Plantation			, Florida <u>33324</u>		
legistered agent's accept	(City)			(Zip	code)	
esignated in this applicate complywith the provision eccept the obligations of m	gistered agent and to accept se ion, I hereby accept the appoin ons of all statutes relative to the ny position as registered agent. By:	ntment (e prope)	is registered ag	gent and agree to a	act in this capa	city. I further agree
	(Regi	stered ag	ent's signature)			
3. The name, title or capac	city and address of the person(s	s) who h	as/have authori	ity to manage is/arc	: :	
	EO, 8814 Largo Mar Drive. Es					
			1.44		····	
. Attached is a certificate of	of existence, no more than 90 d of which it is organized. (If the	ays old, certifica	duly authentic te is in a foreig	ated by the official n language, a trans	having custody	of records in the tificate under oath
risdiction under the law of the translator must be sul	MAGE	2-				
risdiction under the law o	Middle	re of an a	uthorized person			

Typed or printed name of signee

William N Molesworth

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AUTOCAVO 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 THIRD DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTOCAVO LLC"

WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2020.

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

2020 AUG -3 PM 4: 46

e at corp delaware gov/au

Authentication: 203391314

Date: 08-03-20