

M20000007244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

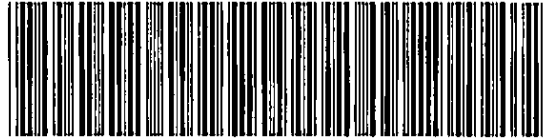
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TALLAHASSEE, FLORIDA

07/10/20--01013 -015 **125.00

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8/20/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2020

ALLAIRE HUMMEL
P.O. BOX 642
CHESAPEAKE CITY, MD 21915

SUBJECT: COOL BREEZES, LLC
Ref. Number: W20000079236

We have received your document for COOL BREEZES, 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):

The alternate name that you have chosen is not available. Please select a new name.

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: 220A00013973

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cool Breezes, 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:

ALLAIRE HUMMEL
Name of Person

COOL BREEZES LLC
Firm/Company

P.O. Box 642
Address

CHESAPEAKE CITY, MD 21915
City/State and Zip Code

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

2020 AUG 17 PM 2:24
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALLAIRE HUMMEL at (302) 494-5594
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

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. Cool Breezes 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.")
Pelico Palms LLC Pelico Cool Breezes LLC

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-1911687
(FEI 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. 284 GREAT HOUSE FARM LANE
(Street Address of Principal Office)

6. P.O. Box 642
(Mailing Address)

CHESAPEAKE CITY, MD 21915

CHESAPEAKE CITY, MD 21915

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

Name: WENDY MEYER

Office Address: 19158 PELICO ROAD

SUGARLOAF KEY Florida 33042
(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.

Wendy Meyer
(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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	ALAIRE HUMMEL	<input checked="" type="checkbox"/> Manager	Name:	DANIEL HUMMEL
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		284 GREAT HOUSE FARM LANE	<input type="checkbox"/> Authorized		284 GREAT HOUSE FARM LANE
<input type="checkbox"/> Person		CHESAPEAKE CITY, MD 21915	<input type="checkbox"/> Person		CHESAPEAKE CITY, MD 21915
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Manager	Name:	NATHAN MEYER	<input checked="" type="checkbox"/> Manager	Name:	Wendy Meyer
<input type="checkbox"/> Member	Address:	19158 PELICO ROAD	<input type="checkbox"/> Member	Address:	19158 Pelico Rd.
<input type="checkbox"/> Authorized		SUGARLOAF KEY, FL 33042	<input type="checkbox"/> Authorized		Sugarloaf Key, FL 33042
<input type="checkbox"/> Person			<input type="checkbox"/> Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
<input type="checkbox"/> Person			<input type="checkbox"/> Person		
<input type="checkbox"/> Other			<input type="checkbox"/> 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.

Alaire Hummel
Signature of an authorized person

ALAIRE HUMMEL
Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COOL BREEZES 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 TWENTIETH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COOL BREEZES LLC" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2019.

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

2020 AUG 17 PM 2:26
STATE OF DELAWARE
RECEIVED



7418906 8300

SR# 20205712454

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203144158

Date: 06-20-20