

M20000008115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

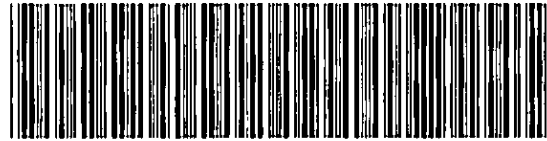
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900350932869

08/27/20 10:024--02* **125.00

FILED
2020 AUG 28 PM 2:18
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

YS
9/17/20



J. S. BARNEY AND ASSOCIATES, LTD.

ATTORNEYS AND COUNSELORS AT LAW

323 W. MAIN STREET
BARRINGTON, ILLINOIS 60010-4275 USA

TELEPHONE: (847) 382.2221

EMAIL: JBARNEY@JSBARNEY.COM

August 25, 2020

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2020 AUG 28 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Liion, LLC

To whom it may concern:

Enclosed please find one original and one copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above referenced company. Also enclosed is a check in the amount of \$125 to cover the filing fee. Please return a file-stamped copy to me in the enclosed self-addressed stamped envelope for my records.

If you should have any questions, please contact me.

Very truly yours,

Joshua S. Barney

JSB/sb

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liion, 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:

Joshua S. Barney

Name of Person

J. S. Barney and Associates, Ltd.

Firm/Company

323 West Main Street

Address

Barrington, IL 60010

City/State and Zip Code

jbarney@jsbarney.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua s. Barney

847

382-2221

Name of Contact Person

at ()

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

FILED
2020 AUG 28 PM 2:18
TALLAHASSEE, FLORIDA

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. Llion, 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. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 12015 Wandsworth Drive
(Street Address of Principal Office)
Tampa, FL 33626

6. 12015 Wandsworth Drive
(Mailing Address)
Tampa, FL 33626

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

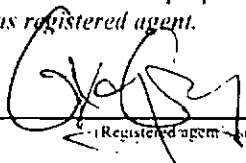
Name: Gary Gray

Office Address: 12015 Wandsworth Drive

Tampa 33626
(City) (Zip code)
Florida

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)

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: Gary Gray
☐ Member Address: 12015 Wandsworth Drive
☐ Authorized Tampa, FL 33626
Person
☒ Other President ☐ 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: Joshua S. Barney
☐ Member Address: 323 West Main Street
☒ Authorized Barrington, IL 60010
Person
☐ Other ☐ Other

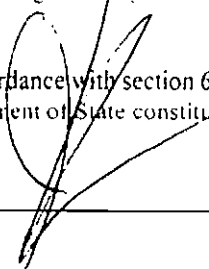
☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

☐ 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
Joshua S. Barney

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

2020 AUG 28 PM 2:11
TAL LARSON

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LIION L.L.C.**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/16/2009, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/12/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200812999486

You may verify this certificate
online at <http://www.nvsos.gov>