

ma0000008807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

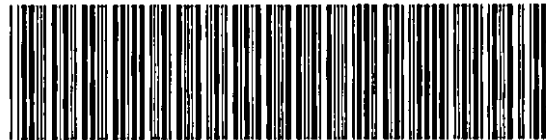
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Eagle's Aerie, 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:

Michelle Daniels

\_\_\_\_\_  
Name of Person

Eagle's Aerie, LLC

\_\_\_\_\_  
Firm/Company

3535 Wading Heron Ter

\_\_\_\_\_  
Address

Oviedo, FL 32766

\_\_\_\_\_  
City/State and Zip Code

michelle.daniels111@gmail.com

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

For further information concerning this matter, please call:

Michelle Daniels

513

608-1262

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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. Eagle's Aerie, 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. OHIO  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. no business transacted as of date of filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10000 Aurora Hudson Rd Suite C  
(Street Address of Principal Office)

6. (Mailing Address)

Hudson, OH 44236

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N, STE 300

St Petersburg, FL 33702  
(City) Florida (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, 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.

Bill Hume  
(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 type="checkbox"/> Manager	Name: <u>PAUL BROWNING</u>	<input type="checkbox"/> Manager	Name: <u>ROY GUY</u>
<input checked="" type="checkbox"/> Member	Address: <u>3131 Hassi Point</u>	<input checked="" type="checkbox"/> Member	Address: <u>10000 Aurora Hudson Rd Suite</u>
<input type="checkbox"/> Authorized	<u>Longwood, FL 32779</u>	<input type="checkbox"/> Authorized	<u>Hudson, OH 44236</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>MICHELLE DANIELS</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>3535 Wading Heron Ter</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Oviedo, FL 32766</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.



adobe verified

09/18/20 10:32 AM

ED1

759 1fEQ 4D6L-3R2

Signature of an authorized person

Michelle Daniels

Typed or printed name of signer

**Live Oak Reserve Homeowners Association, Inc.**  
**Application to the Live Oak Reserve Architectural Review Committee**

This is a request form to be completed by the Homeowner and submitted to the "Live Oak Reserve Architectural Review Committee", (LORARC) and approved **BEFORE any work commences.** Please allow thirty (30) days from the time we receive your submission for the results of this review. Current copies of the Covenants & Restrictions, Architectural Guidelines & the Rules & Regulations are posted to the LOR website: [www.liveoakreservehoa.com](http://www.liveoakreservehoa.com)

Name \_\_\_\_\_

Property Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

In accordance with the Declaration of Covenants, Conditions and Restrictions, I hereby request your consent to make the following change, alteration, renovation and/or additions to my property:

- ( ) Exterior Color ( ) Swimming Pool ( ) Fence ( ) Landscaping ( ) Patio  
( ) Screen Enclosure ( ) Other

Description: \_\_\_\_\_

\_\_\_\_\_

Note: for improvements such as pool, fences, patios, etc., please provide a copy of the plot plan/survey showing a sketch of the improvement (with dimensions) – the application can not be considered without this drawing. Use additional sheets if necessary.

For exterior color changes please provide a physical sample of the color with your application.

Upon approval of my request for this modification, I/We will assume all liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I also agree to obtain any permits that may be required by any and all governmental agencies for this modification. I have read applicable sections of the LORHOA Covenants & Restrictions, Architectural Guidelines, and the Rules & Regulations pertaining to my project.

Signature of Owner(s) \_\_\_\_\_ Date: \_\_\_\_\_

You will receive correspondence via U.S. MAIL once the LORARC meets and decides on your application. Thank you !

=====

DO NOT WRITE BELOW THIS LINE

This Application is hereby: ( ) Approved ( ) Disapproved

By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates: Received from Owner \_\_\_\_\_ Forwarded to ARC \_\_\_\_\_ Returned to Owner \_\_\_\_\_

Please return form to Towers Property Management, Inc., 1320 N. Semoran Blvd., Suite 100, Orlando, FL 32807, phone 407-730-9872, fax 407-730-9877, email [info@towerspropertymgmt.com](mailto:info@towerspropertymgmt.com)



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/18/2020	202026102682	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

NEO REAL ESTATE SERVICES GROUP  
10000 AURORA HUDSON RD.  
SUITE C  
HUDSON, OH 44236

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
**4544095**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**EAGLE'S AERIE LLC**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG**

Effective Date: 09/17/2020

Document No(s):

**202026102682**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
18th day of September, A.D. 2020.

**Ohio Secretary of State**