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(Requestor's Name)

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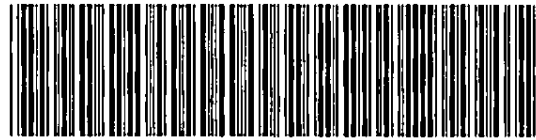
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/01/20 11:27 AM

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DEC 01 2020

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Happy's Captain: Scott Morrison

2393 Vermont

Troy, MI 48083

248-990-2730 Morrison.scotte@gmail.com

To whom it may concern.

I have sent a previous application for authorization to conduct business in Florida. I received a letter stating that I had not included a certificate of existence. I sent a certificate of existence and have not heard back. I am sending another application and certificate of existence. I have included separate checks for each of the fees not knowing if they are all needed. If not please destroy the unneeded checks.

Please feel free to call, text or email me using the above information for any reason.

Thank you

Scott Morrison

Please find enclosed:

Cover Letter for foreign LLC registration

Application for foreign LLC for authorization to conduct business in Florida

Authorized persons List

Certificate of existence

Checks totaling \$160.00 for fees.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAPPY'S CAPTAIN 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:

SCOTT MORRISON
Name of Person

HAPPY'S CAPTAIN LLC
Firm/Company

2343 VERMONT
Address

TROY MI 48083
City/State and Zip Code

MORRISON, SCOTTE @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT MORRISON at 248, 990-2730
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. HAPPY'S CAPTAIN 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. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEL number, if applicable)

4. 09/15/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2393 VERMONT
(Street Address of Principal Office)

6. 2393 VERMONT
(Mailing Address)

TROY MI 48083

TROY MI 48083

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

Name: JEFFREY McCAFFREY

Office Address: 1075 DUVAL ST

KEY WEST, FL 33040 Florida _____
(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.

Jeffrey McCaffrey
(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: <u>SCOTT MORRISON</u>	<input type="checkbox"/> Manager	Name: <u>JEFFREY MCCAFFERY</u>
<input type="checkbox"/> Member	Address: <u>2393 VERMONT</u>	<input type="checkbox"/> Member	Address: <u>1075 DUVAL</u>
<input type="checkbox"/> Authorized	<u>TROY MI 48083</u>	<input checked="" type="checkbox"/> Authorized	<u>KEY WEST, FL 33040</u>
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 _____
 <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.

Jeffrey McCaffery
Signature of an authorized person

JEFFREY MCCAFFERY
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAPPY'S CAPTAIN 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAPPY'S CAPTAIN LLC" WAS FORMED ON THE FIRST DAY OF JULY, A.D. 2020.

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



3168788 8300

SR# 20207272154

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203656247

Date: 09-15-20