

M20000011263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

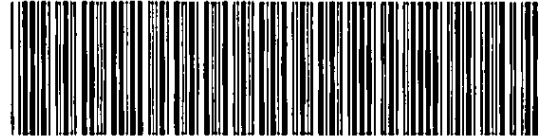
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 DEC -4 AM 16:02

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DEC -8 2020

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CCF FT MYERS 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:

Aaron Adams

Name of Person

Firm/Company

1340 S Michigan Ave, Suite 104

Address

Chicago, IL, 60605

City/State and Zip Code

aaronalpine@gmail.com

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

2020 DEC -4 AM 10:02

FILED

For further information concerning this matter, please call:

Aaron Adams

801

787-0294

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

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. CCF FT MYERS 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. IN  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 90-0930725  
(FEI number, if applicable)

4. 7/26/2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1340 S Michigan Ave, Suite 104  
(Street Address of Principal Office)

6. 1340 S Michigan Ave, Suite 104  
(Mailing Address)

Chicago, IL 60605

Chicago, IL 60605

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

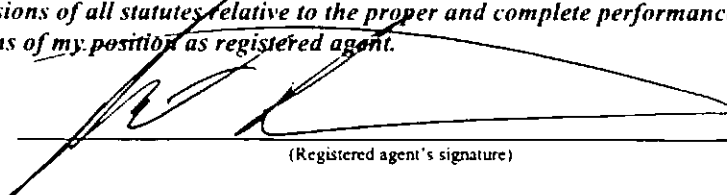
Name: Burandt, Adamski, Feichthaler & Sanchez PLLC

Office Address: 1714 Cape Coral Parkway East

Cape Coral, Florida 33904  
(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.

  
(Registered agent's signature)

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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: Aaron Adams  
☐ Member Address: 1848 N Alabama St  
☐ Authorized Indianapolis, IN 46202  
Person  
☐ Other ☐ 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: Ryan Levy  
☐ Member Address: \_\_\_\_\_  
☐ Authorized 1340 S Michigan Ave, Suite 104  
Person Chicago, IL 60605  
☐ Other ☐ Other

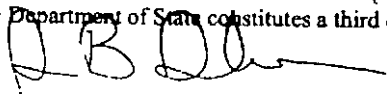
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

☐ 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

Aaron Adams

Typed or printed name of signee

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

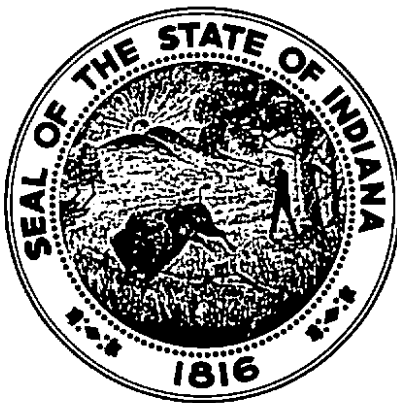
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CCF FT MYERS LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 26, 2018, and was in existence or authorized to transact business in the State of Indiana on November 30, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State; or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 30, 2020

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

201807261269771 / 20201734975

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on December 30, 2020.

BURANDT, ADAMSKI, FEICHTHALER & SANCHEZ, PLLC  
ATTORNEYS AND COUNSELORS-AT-LAW  
1714 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FLORIDA 33904

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ROBERT B. BURANDT, ESQ.  
ROBERT C. ADAMSKI, ESQ.  
ERIC P. FEICHTHALER, ESQ. \*†  
ALVARO C. SANCHEZ, ESQ.  
TIMOTHY P. CULHANE, ESQ.  
ROBSON D.C. POWERS, ESQ.  
DAVID W. HOLLEY, ESQ.

Telephone No.: (239) 542-4733  
Facsimile No.: (239) 542-9203  
E-mail: david@capecoralattorney.com

December 1, 2020

**Via U.S. Mail:**

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
ATTN: Mel Solomon

**Re: CCF FT MYERS, LLC – Letter Number: 720A00023487**  
**Reference Number – W20000131790**

Dear Mel Solomon,

Please be advised that the undersigned firm represents CCF Fort Myers, LLC. We are assisting our client with the filing of the foreign limited liability application with the State of Florida and will be acting as the Registered Agent.

We are in receipt of your letter with the Reference Number of W20000131790 regarding the failure to enclose a certificate of existence or a certificate of good standing. Accordingly, please see the enclosed check to process the application, as well as the original Certificate of Good Standing produced to us from the State of Indiana. Thank you and please let us know if we can assist in any way with processing this application.

Sincerely,



David W. Holley, Esq.  
*Attorney-at-Law*

**BURANDT, ADAMSKI, FEICHTHALER & SANCHEZ, PLLC**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2020

DAVID W. HOLLEY, ESQ.  
HURANDT, ADAMSKI, FEICHTHALER, ETAL  
1714 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FL 33904

SUBJECT: CCF FT MYERS, LLC  
Ref. Number: W20000131790

We have received your document for CCF FT MYERS, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 720A00023487

Rec'd  
12-4-20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2020

DAVID W. HOLLEY, ESQ.  
HURANDT, ADAMSKI, FEICHTHALER, ETAL  
1714 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FL 33904

SUBJECT: CCF FT MYERS, LLC  
Ref. Number: W20000131790

We have received your document for CCF FT MYERS, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$125.00.

We have received your document for CCF FT MYERS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 820A00023093