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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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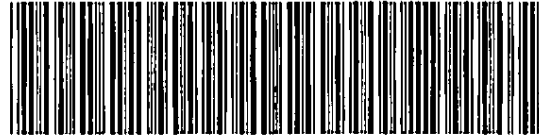
(Business Entity Name)

(Document Number)

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JAN 22 2021
T. L. LEBLANC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Scotlynn Group Capital 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:

Joan T Oben

Name of Person

Scotlynn Group Capital LLC

Firm/Company

15671 San Carlos Blvd Suite 204

Address

Fort Myers, FL 33908

City/State and Zip Code

joben@scotlynn.com

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

For further information concerning this matter, please call:

Joan T Oben

239

237-4530

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. Scotlynn Group Capital 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-1347814
(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. 15671 San Carlos Blvd Suite 204
(Street Address of Principal Office)

6. 15671 San Carlos Blvd Suite 204
(Mailing Address)

Fort Myers, FL 33908

Fort Myers, FL 33908

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

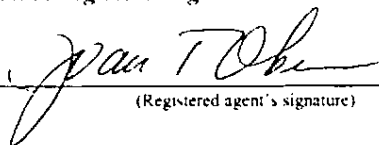
Name: Joan T Oben

Office Address: 15671 San Carlos Blvd Suite 204

Fort Myers 33908
(City) Florida (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)

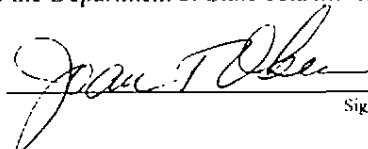
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	EMCLO LLC		<input type="checkbox"/> Manager	Name:	Joan T Oben	
<input checked="" type="checkbox"/> Member	Address:	15671 San Carlos Blvd #204		<input type="checkbox"/> Member	Address:	15671 San Carlos Blvd #204	
<input type="checkbox"/> Authorized		Fort Myers, FL 33908		<input checked="" type="checkbox"/> Authorized		Fort Myers, FL 33908	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Anthony Simon		<input checked="" type="checkbox"/> Manager	Name:	Scott R Biddle	
<input type="checkbox"/> Member	Address:	1150 Vittoria Rd		<input type="checkbox"/> Member	Address:	1150 Vittoria Rd	
<input checked="" type="checkbox"/> Authorized		Vittoria, ON, Canada N0E 1W0		<input type="checkbox"/> Authorized		Vittoria, ON, Canada N0E 1W0	
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.



Signature of an authorized person
Joan T Oben

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SCOTLYNN GROUP CAPITAL 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 ELEVENTH DAY OF JANUARY, A.D. 2021.



4657535 8300

SR# 20210061166

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202255810

Date: 01-11-21

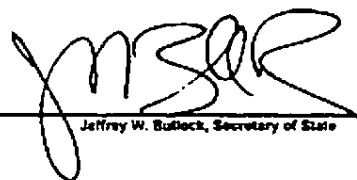
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "SCOTLYNN GROUP CAPITAL
LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF JANUARY, A.D.
2021, AT 12:36 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

4657535 8100
SR# 20210061166

Authentication: 202255809
Date: 01-11-21

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:36 PM 01/08/2021
FILED 12:36 PM 01/08/2021
SR 20210061166 - File Number 4657535

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Scotlynn Group Capital LLC
2. The Registered Office of the limited liability company in the State of Delaware is located at 1209 Orange Street, Corporation Trust Center (street), in the City of Wilmington, Zip Code 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is The Corporation Trust Company

By: _____



Authorized Person

Name: Scott R. Biddle

Print or Type