

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M21000047542 3 1397

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000047542 3)))



H210000475423ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
 ILIC FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2021 FEB -3 PH 3:12

2021 FEB -3 PH 3:12

2021 FEB -3 PH 12:25

APPROVAL
 AND
 FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H21000047542 3

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. LLIC Florida, 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. _____
(FEI number, if applicable)

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

5. 6105 Spirit Lake Road
(Street Address of Principal Office)
Winter Haven, FL 33880

6. 6105 Spirit Lake Road
(Mailing Address)
Winter Haven, FL 33880

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

Name: Amy Pomeroy

Office Address: 6105 Spirit Lake Road

Winter Haven, Florida 33880
(City) (Zip code)

2021 FEB -3 PM 12:25
FILED
AND
RECORDED

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.

/s/ Amy Pomeroy
(Registered agent's signature)

H21000047542 3

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: Fred J. Boling, Jr.

Member Address: 24 Tophet Road

Authorized Lynnfield, MA 01940

Person _____

Other Chairman Other _____

Title or Capacity: **Name and Address:**

Manager Name: Amy Pomeroy

Member Address: 6105 Spirit Lake Road

Authorized Winter Haven, FL 33880

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

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.

/s/ Fred J. Boling, Jr.
Signature of an authorized person

Fred J. Boling, Jr.
Typed or printed name of signor

H21000047542 3

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ILIC FLORIDA, 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 THIRD DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILIC FLORIDA, LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2020.

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



Handwritten signature of Jeffrey W. Bullock, Secretary of State, with a horizontal line underneath. Below the signature, the text "Jeffrey W. Bullock, Secretary of State" is printed.

4379099 8300

SR# 20210321505

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

Authentication: 202434545

Date: 02-03-21