M21000026787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2021 MAR 12 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

US
3/13/21

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2021

GLENN SIEBERT
17483 OLD HARMONY DR.
#202
FORT MYERS, FL 33908

SUBJECT: PERSPECTIVE VIEW, LLC
Ref. Number: W21000026321

We have received your document for PERSPECTIVE VIEW, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

3/3/2021 enclosed

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yvette Scott
Document Specialist II

Letter Number: 621A00004149

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MAR 05 2021

Entity 1081662
Filing date 6/1/99

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERSPECTIVE VIEW, 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:

GLENN SIEBERT
Name of Person

PERSPECTIVE VIEW, LLC
Firm/Company

17483 OLD HARMONY DR. #202
Address

FORT MYERS, FL 33908
City/State and Zip Code

GLENNSIEBERT@PERSPECTIVEVIEW.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

GLENN SIEBERT at (440) 572-5558
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. PERSPECTIVE VIEW, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A
(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. 34-1899716
(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. 17483 OLD HARMONY DR. #202
(Street Address of Principal Office)
FORT MYERS, FL 33908

6. 17483 OLD HARMONY DR. #202
(Mailing Address)
FORT MYERS, FL 33908

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TALLAHASSEE, FLORIDA

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

Name: GLENN SIEBERT

Office Address: 17483 OLD HARMONY DR. #202

FORT MYERS, Florida 33908
(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.

Glenn Siebert
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☒Manager	Name: GLENN SIEBERT	☐Manager	Name:
☐Member	Address: 17483 OLD HARMONY DR. # 202	☐Member	Address:
☒Authorized	FORT MYERS, FL 33908	☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☒Manager	Name: PALOMA BLANCA SIEBERT	☐Manager	Name:
☐Member	Address: 17483 OLD HARMONY DR. # 202	☐Member	Address:
☒Authorized	FORT MYERS, FL. 33908	☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other

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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.

Glenn Siebert

Signature of an authorized person

GLENN SIEBERT

Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PERSPECTIVE VIEW, LLC, an Ohio Limited Liability Company, Registration Number 1081662, was organized within the State of Ohio on June 7, 1999, is currently in FULL FORCE AND EFFECT upon the records of this office.

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2021 MAR 12 PM 12:26
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TALLAHASSEE, FL

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of March, A.D. 2021.

Ohio Secretary of State

Validation Number: 202106104330