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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

San Carlos Rental Account, LLC.

**SUBJECT:** \_\_\_\_\_  
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:

Michael Carufe

\_\_\_\_\_  
Name of Person

San Carlos Rental Account, LLC.

\_\_\_\_\_  
Firm/Company

5991 Standing Oaks Lane

\_\_\_\_\_  
Address

Naples, FL 34119

\_\_\_\_\_  
City/State and Zip Code

Florida34119@aol.com

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

or further information concerning this matter, please call:

Michael Carufe

239

293-7982

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:

San Carlos Rental Account, LLC.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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."

Wyoming 83-4583993  
3. (FEI number, if applicable)

(Jurisdiction under the law of which foreign limited liability company is organized)

05/01/2021 have not transacted Florida business yet  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5991 Standing Oaks Lane 5991 Standing Oaks Lane  
6. (Mailing Address)

(Address of Principal Office)

Naples, FL 34119 Naples, FL 34119

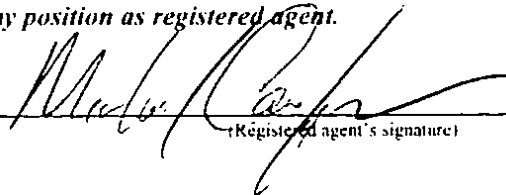
City and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Carufe

Office Address: 5991 Standing Oaks Lane

Naples 34119  
(City) Florida (Zip code)


I, the undersigned, as registered agent, do hereby accept service of process for the above stated limited liability company at the place  
named as registered agent and to accept service of process for the above stated limited liability company at the place  
named in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree  
with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with  
the obligations of my position as registered agent.


  
(Registered agent's signature)

<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: Michael Carufe	<input type="checkbox"/> Manager	Name: AnnaMaria Ingram
Member	Address: 5991 Standing Oaks Lane	<input type="checkbox"/> Member	Address: 15056 Savannah Drive
Authorized	Naples, FL 34119	<input checked="" type="checkbox"/> Authorized	Naples, FL 34119
Person		Person	
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>

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 must be submitted)

to the Department of State constitutes a third degree felony as provided for in s.817

  
Signature of an authorized person

Michael Carufe  
  
Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**San Carlos Rental Account, LLC**

is a

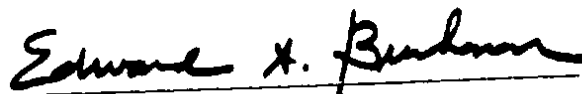
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **April 30, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000853837**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of February, 2021 at 6:34 PM. This certificate is assigned ID Number 042373534.



  
Secretary of State