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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

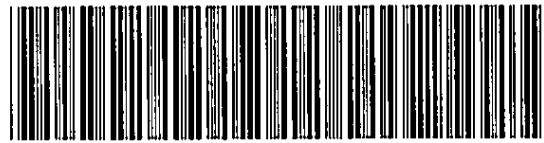
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W21000053244

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2021 APR 22 PM 3:05  
CLERK OF COURT  
JANUARY 2021

45  
4/22/21 ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2021

YOLANDA CHANOINE  
4134 MORLEY DRIVE  
REMINDERVILLE, OH 44202

SUBJECT: HAVILAH CONSULTANTS LLC  
Ref. Number: W21000053244

We have received your document for HAVILAH CONSULTANTS 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):

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.

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: 621A00008056

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Havilah Consultants L.L.C.

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:

Yolanda Chanoine

Name of Person

Havilah Consultants L.L.C.

Firm/Company

4134 Morley Drive

Address

Reminderville OH 44202

City/State and Zip Code

info@havilahvacationvilla.com

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

For further information concerning this matter, please call:

Yaleita Watson

216

3751659

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    ☐ \$169.00 Filing Fee, Certificate of Status & Certified Copy

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2021 APR 22 PM 3:06  
SECRET

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. Havilah Consultants L.L.C.  
(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. Ohio 861713820  
(Jurisdiction under the law of which foreign limited liability company is organized.) (F.L. 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. 5420 Solterra Cir Davenport FL 33837  
(Street Address of Principal Office)

6. 4134 Morley Drive Reminderville Ohio 43082  
(Mailing Address)

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2021 APR 22 PM 3:06  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DALLAS  
STATE OF TEXAS

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

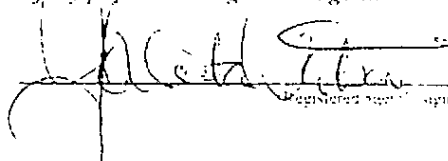
Name: Yalcita Watson

Office Address: 5420 Solterra Circle

Davenport 33837  
(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)

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 checked="" type="checkbox"/> Manager	Name: Yolanda Chanoine	<input checked="" type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4134 Morley Drive Reminderville, OH 44120	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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CLERK OF SUPERIOR COURT  
STATE OF OHIO

**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 655 (1)(3)(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.

Yolanda Chanoine  
\_\_\_\_\_  
Yolanda Chanoine  
\_\_\_\_\_  
Printed name of signer

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 HAVILAH CONSULTANTS L.L.C., an Ohio For Profit Limited Liability Company, Registration Number 4537987, was organized within the State of Ohio on September 4, 2020, is currently in FULL FORCE AND EFFECT upon the records of this office.*

FILED  
APR 22 PM 3:06  
OHIO SECRETARY OF STATE



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 20th day of April, A.D. 2021.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202111001084