

N 21 000 00530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer.

wa1000048594

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000361607860

03/24/21--01012--022 **160.00

05/06/21--01002--003 **539.75

FILED
2021 MAY -5 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FL

US
5/6/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2021

DANIEL RITZ
5220 SE ~~ABCHIER BLVD~~ 110th St.
BELLEVIEW, FL 34420


> Entity address S/B
5220 SE 110th St
Belleview, FL 34420

SUBJECT: FSHG ASSET MANAGEMENT, LLC
Ref. Number: W21000048594

We have received your document for FSHG ASSET MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

The registered agent must sign accepting the designation.

 Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

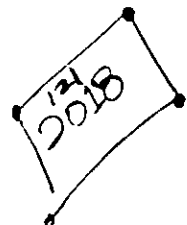
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 421A00007439

RECEIVED

MAY 03 2021



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FSHG Asset Management, 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:

<u>Daniel Ritz</u>
Name of Person
<u>Paradise Apartments</u>
Firm/Company
<u>5220 SE Abshier Blvd.</u>
Address
<u>Belleview, FL 34420</u>
City/State and Zip Code
<u>reyecare@gmail.com</u>
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

<u>Daniel Ritz</u>	<u>352</u>	<u>895-2566</u>
Name of Contact Person	at ()	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. FSHG Asset Management, 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. State of Alaska 3. 46-5341554
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. FSHG Asset Management, LLC
(Street Address of Principal Office)

505 Pld Steesse HWY Suite#122

Fairbanks, Alaska 99701

6. FSHG First Management, LLC
(Mailing Address)

200 W 34th Ave #977

Anchorage, Alaska 99503

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

Name: Daniel L. Ritz, "Grantor"

Office Address: 5215 SE Abshier Blvd.

Belleview, Florida 34420
(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)

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2021 MAY -5 PM 4:08
CLERK OF DISTRICT COURT
JAILER

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]:

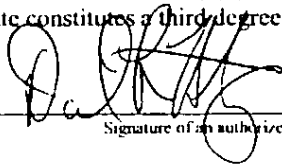
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Daniel Ritz	<input type="checkbox"/> Manager	Name: Rebecca Ritz
<input type="checkbox"/> Member	Address: 6161 SW 18th Court Rd	<input checked="" type="checkbox"/> Member	Address: 6161 SW 18th Court Rd
<input type="checkbox"/> Authorized	Ocala, FL 34471	<input type="checkbox"/> Authorized	Ocala, FL 34471
Person		Person	
<input checked="" type="checkbox"/> Other ^{Grantor}	<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 _____
 <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 _____

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SECRETARY OF STATE
FLORIDA

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

Daniel Ritz, "Grantor"

Typed or printed name of signer

Alaska Entity #10019711

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

FSHG Asset Management, LLC

This entity was formed on March 25, 2014 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective March 22, 2021.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner

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STATE OF ALASKA
FILING OFFICE
SEATTLE