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COVER LETTER TO THE SECOND SEC
TO: Registration Section Division of Corporations
SUBJECT: The Chronicles Retreat 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:
Jannifer L. Stults Name of Person
Firm/Company
34499 County Read 19
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jenni Lee Stutts at 303 (001 - 8744) Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\int\\$\$125.00 Filing Fee \$\Bigcup\$\$\$\$\$125.00 Filing Fee & \$\Bigcup\$





April 10, 2021

JENNIFER L STULTS 34499 COUNTY RD 19 WINDSOR, CO 80550

SUBJECT: THE CHRONICLES RETREAT, LLC

Ref. Number: W21000048147

We have received your document for THE CHRONICLES RETREAT, 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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 121A00007423

RECEIVED

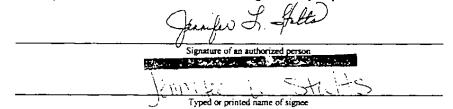
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPANY TO TRANSACT BUS	INESS IN THE STATE OF FLORIDA:	1.1.0	G IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIT
2. Charact	ne adopted for the purpose of transacting business in l	Florida, The alt	alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")  (FEI number, if applicable)
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.) nine penalty lia	) iability)
5. (Street Address of Principal Office)	Stults.	6	(Mailing Address)
34 jalla	liaj	_	34499 Canty Read 19
Miramar	Booch FL 32550	ن _	Windson (C) 80550
7. Name and street address	of Florida registered agent: (P.O. Box	x <u>NOT</u> ac	cceptable)
Name:	Juniter L. Steel	its	<b>21</b>
Office Address: _	34 Palla Luce	1	
-	MITALINEY BY	<u>adn</u>	Florida (Zip code)
designated in this application to comply with the provision to the comply with the provision to the control of	stered agent and to accept service of point, I hereby accept the appointment a	s registere and comp	or the above stated limited liability company at the place red agent and agree to act in this capacity. I further agree aplete performance of my duties, and I am familiar with
<del>-</del>		37 37	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name. ON FRIEDRICH_	□Manager	Name: HISON STOOM
Member	Address: 4229 N County Rel	⊠Member	Address: P.C. BCX 7
Authorized	Lovelard W	?	<u> </u>
Person	\$0538	Person	<u> </u>
Other	Other	Other	Other
Manager	Name: 101110 To Start'S	□Manager	Name: Dan Strain
XMember	Address: 3-499 (1217)	∯Member	Address: 70 6x 745
Authorized	Laindour ec	□Authorized	<u> Nomasur CC</u>
Person	<u></u>	Person	<u> X055</u>
Other	Other	□Other	Other
/ Manager	Name: Kinn L. Stuffs	□Manager	Name: Jay Tizaria
Member	Address: 34449 (1219	⊠_Member	Address: 4229 N. Caust
Authorized	10:ndsor 20	Authorized	Address: TXX 1 10. Cantille 10.
Person	<u> </u>	Person	<u> </u>
Other	Other	Other	□ Other

- 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.



## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

l, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

The Chronicles Retreat, LLC

#### is a

### Limited Liability Company

formed or registered on 02/22/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20211164165.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/23/2021 that have been posted, and by documents delivered to this office electronically through 02/24/2021 @ 16:25:07.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/24/2021 @ 16:25:07 in accordance with applicable law. This certificate is assigned Confirmation Number 12970580



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web sue is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."