

M21000005806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

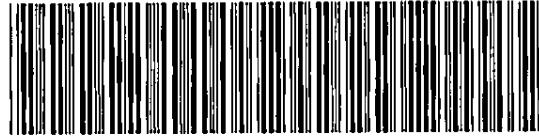
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

MAY 14 2021

M. SOLOMON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Vecchiarelli Holdings, LLC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

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____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vecchiarelli Holdings, 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:

Christopher Spurr

Name of Person

Fairfield and Woods, P.C.

Firm/Company

1801 California Street, Suite 2600

Address

Denver, CO 80202-2645

City/State and Zip Code

CSpurr@fwlaw.com

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

For further information concerning this matter, please call:

Christopher Spurr

303

894-4447

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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. Vecchiarelli Holdings, 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. Colorado entity authorized to do business in Florida
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-3974577
(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. Vecchiarelli Holdings, LLC
(Street Address of Principal Office)

6. Vecchiarelli Holdings, LLC
(Mailing Address)

857 Eastport Rd
Jacksonville, FL 32218

899 Baseline Pl
Brighton, CO 80603

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

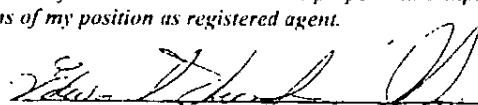
Name: Edward A. Vecchiarelli

Office Address: 857 Eastport Road

Jacksonville, Florida 32218
(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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TALLAHASSEE, FLORIDA

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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:**

☒ Manager Name: Edward Vecchiarelli, Sr.
☐ Member Address: 899 Baseline Pl
☐ Authorized Brighton, CO 80603
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Edward Vecchiarelli, Jr.
☒ Member Address: 167 Apache Plume Court
☐ Authorized Brighton, CO 80601
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Holly V. Montano
☒ Member Address: PO Box 1176
☐ Authorized Brighton, CO 80601
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Edward A. Vecchiarelli 2009 GST Trust
☒ Member Address: 899 Baseline Pl
☐ Authorized Brighton, CO 80603
 Person _____
☐ Other _____ ☐ Other _____

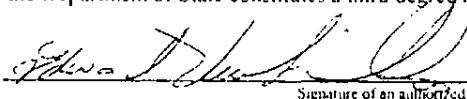
☐ Manager Name: Holly A. Vecchiarelli 2009 GST Trust
☒ Member Address: 899 Baseline Pl
☐ Authorized Brighton, CO 80603
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Julie Lynn Beaber 2009 GST Trust
☒ Member Address: 899 Baseline Pl
☐ Authorized Brighton, CO 80603
 Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. 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

Edward A. Vecchiarelli

Typed or printed name of signer

SECRETARY OF STATE
 ATTORNEY GENERAL
 CLERK OF SUPERIOR COURT

2021 MAY 13 AM 9:59

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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

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

Vecchiarelli Holdings, LLC

is a

Limited Liability Company

formed or registered on 12/21/2005 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 20051473024 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/11/2021 that have been posted, and by documents delivered to this office electronically through 05/12/2021 @ 10:40:53 .

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 05/12/2021 @ 10:40:53 in accordance with applicable law. This certificate is assigned Confirmation Number 13164795 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site 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/CertificateSearchCriteria.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 "