

MA1000006189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

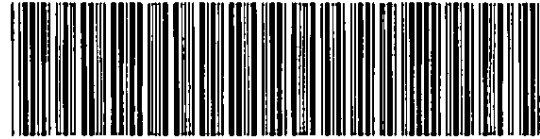
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21-62483

Office Use Only



100364025911

04/16/21--01019--021 **78.75

05/21/21--01023--008 **51.25

FILED
2021 MAY 21 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL

SA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2021

KLIMAS FAMILY LLC
4127 N STONE AVE. UNIT 103
TUCSON, AZ 85705

SUBJECT: FLIMAS FAMILY LLC INC.
Ref. Number: W21000062483

We have received your document for FLIMAS FAMILY LLC INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the entity cannot include "Your certificate states you are a LLC filing. not a Corporation you have to file for a foregin LLC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Your certificate states you are a LLC filing. not a Corporation you have to file for a foregin LLC.,

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

Suzanne Hawkes
Regulatory II

Letter Number: 221A00009531

COVER LETTER

**TO: Registration Section
Division of Corporations**

Klimas Family 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:

Kathleen Ligon

Name of Person

Klimas Family LLC

Firm/Company

4127 N. Stone Ave. Unit 103

Address

Tucson, AZ, 85705

City/State and Zip Code

klimasfamilyllc@gmail.com

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

For further information concerning this matter, please call:

Kathleen Ligon

732

337-7459

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 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Klimas Family LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Arizona, USA
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

84-3848989

3. 2-01-2020
(Jurisdiction under the law of which foreign limited liability company is organized)

4. 84-38-18989
(FBI number, if applicable)

5. 4127 N. Stone Ave., Unit 103
(True first transacted business in Florida, if prior to registration. See sections 605.004 & 605.005, F.S., to determine penalty liability)

4127 N. Stone Ave., Unit 103

6. Tucson, AZ, 85705
(Street Address of Principal Office)

7. Tucson, AZ, 85705
(Mailing Address)

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

Name: Nancy Klimas
10700 SW 90th Ave.

Office Address: Miami

33176
Florida

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAY 21 PM 2:05

FILED

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.

[Signature]
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]:

Title or Capacity: **Name and Address:**
 Kathleen Ligon
☐ Manager Name: _____
 4127 N. Stone Ave. Unit 103,
☐ Member Address: _____
 Tucson, AZ, 85705
☒ Authorized _____

 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: _____

Name and Address:
Nancy Klimas
Name: _____
10700 SW 90th Ave.
Address: _____
Miami, FL 33176

☐ Manager
☐ Member
☒ Authorized

Person _____

☐ Other _____ ☐ Other _____

Susan Corcoran

☐ Manager Name: _____

405 Springwood Dr.

☐ Member Address: _____

Boone, NC, 28607

☒ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Charles Klimas

☐ Manager Name: _____
2417 Mandy Lane

☐ Member Address: _____
Hillsborough, NC, 27278

☒ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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.

Kathleen Dixon Sign

Signature of an authorized person

Kathleen Ligon

Typed or printed name of signer

ate of Good Standing is not available
original signature from the Arizona
Corporation Commission This is the official document.
mlean higon 21022217005387

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Klimas Family LLC

ACC file number: 23040685

was incorporated under the laws of the State of Arizona on 11/25/2019, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the
Arizona Corporation Commission, and issued this Certificate on this date: 02/17/2021



A handwritten signature in black ink, reading "Matthew Neubert", written over a horizontal line.

Matthew Neubert, Executive Director