

M210000006485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

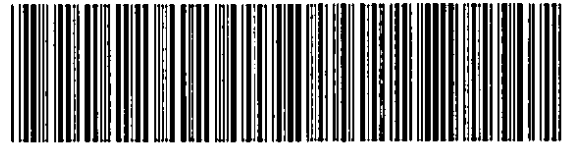
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21-62813

SPV

Office Use Only



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04/16/21--01011--022 **130.00

FILED
2021 MAY 27 AM 8:58
CLERK OF STATE
TALLAHASSEE, FL

SPV



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2021

MACLAREN LAW, LLC
6650 WALNUT STREET
NEW ALBANY, OH 43054

SUBJECT: SAND DOLLAR, LLC
Ref. Number: W21000062813

We have received your document for SAND DOLLAR, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The alternate name that you have chosen is not available. Please select a new name.

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

Suzanne Hawkes
Regulatory II

Letter Number: 421A00009577

MACLAREN LAW, LLC
JACQUELINE FERRIS MACLAREN, ESQ.

Attorney at Law

6650 Walnut Street, New Albany, Ohio 43054-0091

Phone: (614) 855-6527 · Fax: (614) 855-2823

jackie@maclarenlaw.net

April 12, 2021

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Foreign LLC Registration

To Whom It May Concern:

Please accept for filing the enclosed Applications by Foreign LLC for Authorization to Transact Business in Florida.

If you have any further questions, please feel free to contact me at the number listed above.

Sincerely,

MacLaren Law, LLC



Jacqueline Ferris MacLaren, Esq.

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations
Sand Dollar, 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:

Jacqueline MacLaren

Name of Person

MacLaren Law, LLC

Firm/Company

6650 Walnut Street

Address

New Albany, Ohio 43054

City/State and Zip Code _____

jackie@macclarenlaw.net

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

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

For further information concerning this matter, please call:

Jacqueline MacLaren 614 855-6527

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

Registered agent's signature:

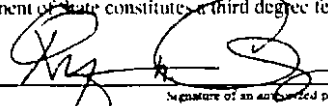
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Ryan Crowley	<input type="checkbox"/> Manager	Name: Amy Crowley
	4879 Yantis Drive		4879 Yantis Drive
<input checked="" type="checkbox"/> Member	Address: New Albany, Ohio 43054	<input checked="" type="checkbox"/> Member	Address: New Albany, Ohio 43054
<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
 <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

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

RYAN A. CROWLEY

Typed or 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 SAND DOLLAR, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4341916, was organized within the State of Ohio on May 29, 2019, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 9th day of April, A.D. 2021.*

A black rectangular box containing a white, cursive signature that reads "Frank LaRose".

Ohio Secretary of State

Validation Number: 202109901040