

5/26/2021

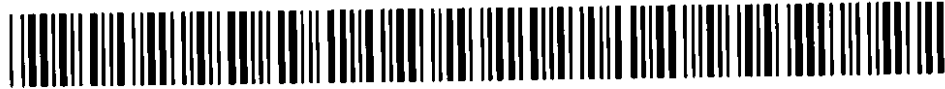
Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAHN LOESER & PARKS
Account Number : I20070000069
Phone : (239)254-2924
Fax Number : (239)592-7716

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MGonzalez@hahnlaw.com

Foreign Limited Liability Company
SEA LEVEL PARADISE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,046.25

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEA LEVEL PARADISE 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:

Bonie S. Montalvo

Name of Person

Hahn Loeser & Parks, LLP

Firm/Company

5811 Pelican Bay Blvd. #650

Address

Naples, FL 34108

City/State and Zip Code

BMONTALVO@HAHNLAW.COM

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

For further information concerning this matter, please call:

Bonie S. Montalvo

239

451-4004

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

(((H21000211586 3)))

Sea Level Paradise LLC
c/o of Hahn Loeser & Parks LLP
5811 Pelican Bay Boulevard
Suite 650
Naples, FL 34108

May 26, 2021

Florida Department of State
Registration Section
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Sea Level Paradise LLC- Release of Name

Dear Sir/Madam:

I hereby certify that I am the duly authorized Manager of Sea Level Paradise LLC, a Florida limited liability company formed pursuant to the Articles of Organization filed with the Florida Department of State, Division of Corporations on March 4, 2020 and assigned Florida Document No. L20000080494. Sea Level Paradise LLC, a Florida limited liability company, voluntarily dissolved on May 7, 2021 (enclosed please find the Articles of Dissolution).

I am also the manager of Sea Level Paradise LLC, an Ohio limited liability company, who is filing *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida* (application enclosed).

Sea Level Paradise LLC, a Florida limited liability company hereby releases the name "Sea Level Paradise LLC" and grants permission to Sea Level Paradise LLC, an Ohio limited liability company, to use the name "Sea Level Paradise LLC" in its application to transact business in Florida.

Lastly, enclosed please find a copy of correspondence from the Florida Department of State Division of Corporations dated May 10, 2021, confirming that the name "Sea Level Paradise LLC" can be released for use by Sea Level Paradise LLC, an Ohio limited liability company after the dissolution of Sea Level Paradise LLC, a Florida limited liability company.

Sea Level Paradise LLC


Ann W. Rice, Manager

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2021 JUN -3 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FL

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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. SEA LEVEL PARADISE 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. OHIO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. April 27th, 2018
(Date first transacted business in Florida; if prior to registration,
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 35 MIAMI LAKES DRIVE
(Street Address of Principal Office)

6. 1246 FULGUR STREET #304
(Mailing Address)

MILFORD, OH 45150

SANIBEL, FL 33957

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

Name: HL STATUTORY AGENT, INC.

Office Address: 5811 Pelican Bay Blvd. #650

Naples, FL, Florida 34108
(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.

Melanie L. Seabold
(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FL

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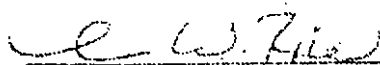
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: ANN W. RICE	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1246 FULGUR STREET #304	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SANIBEL, FL 33957	<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

ANN W. RICE

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 SEA LEVEL PARADISE LLC, an Ohio For Profit Limited Liability Company, Registration Number 4163001, was organized within the State of Ohio on April 5, 2018, 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 7th day of May, A.D. 2021.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202112703090