

MA000008192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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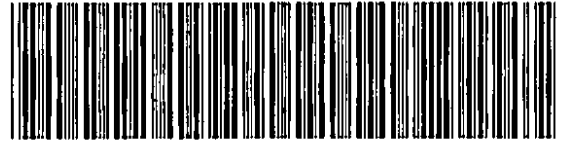
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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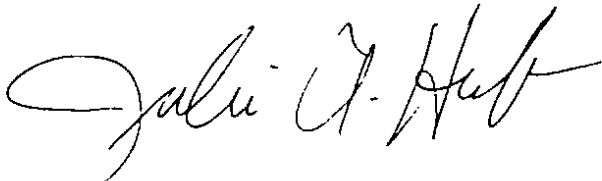
TK  
6/21/21

June 17, 2021

To Whom It May Concern:

Attached is an application to register a foreign limited liability company to transact business in Florida. Also attached is the Certificate of Fact from the state of Virginia. A check for filing fee, designation of registered agent, certified copy and certificate of status for \$160.00 is also attached. If you have any questions, please don't hesitate to contact me.

Julie A. Hubba

A handwritten signature in black ink, appearing to read "Julie A. Hubba". The signature is fluid and cursive, with the first name "Julie" being the most prominent part.

11590 Quail Village Way

Naples, FL 34119

352-455-1135

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dirtpeddler, 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:

Julie A Hubba  
Name of Person

Dirtpeddler, LLC  
Firm/Company

11590 Quail Village Way  
Address

Naples, FL 34119  
City/State and Zip Code

juliehubba@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie A. Hubba at (352) 455-1135  
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Dirtpeddler, LLC  
(Name of foreign limited liability company; must include "Limited Liability Company," "LLC," or "LLC.")

Dirtpeddler 2, LLC  
(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 "LLC.")

2. Virginia (State) of  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-3182416  
(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. 11590 Avail Village way  
(Street Address of Principal Office)

6. same  
(Mailing Address)

Naples, FL 34119

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

Name: Julie A. Hubba

Office Address: 11590 Avail Village way  
Naples, Florida 34119  
(City) (Zip code)

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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.

Julie A. Hubba  
(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: <u>Julie A. Hubba</u>             | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>11590 Quail Village way</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>Naples, FL 34119</u>                 | <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: <u>Thomas J. Hubba</u>            | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>11590 Quail Village way</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>Naples, FL 34119</u>                 | <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: <u>Andrew Hubba</u>            | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>2732 Rex Lane</u>        | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>Virginia Beach, VA 23456</u>      | <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.

Julie A. Hubba  
Signature of an authorized person

Julie A. Hubba  
Typed or printed name of signer

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That DIRTPEDDLER, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on June 25, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 17, 2021

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission