

M21000008329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

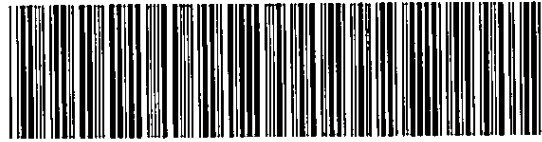
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec'd
629-21/
Mel Solomon

Office Use Only



700367431217

06/03/21--01010--004 **87.50

06/30/21--01023--002 **72.50

2021 JUN 29 PM 4:09
RECEIVED
CLERK OF SUPERIOR COURT
JULY 1, 2021

FILED

JUN 30 2021

M. SOLOMON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BONFESS, 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:

GIOVANNI BONITA

Name of Person

BONFESS, LLC

Firm/Company

35 8TH STREET NE

Address

WASHINGTON, DC 20002

City/State and Zip Code

drgio2002@yahoo.com

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

For further information concerning this matter, please call:

GIOVANNI BONITA

301

717-3999

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

RECEIVED

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. BONFESS, 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. KENTUCKY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-3500374
(FEI number, if applicable)

4. 07/01/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 211 WALKER LN
(Street Address of Principal Office)

6. 35 8TH STREET NE
(Mailing Address)

EDGEWOOD, KY 41017
WASHINGTON, DC 20002

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

Name: REGISTERED AGENTS, INC.


Office Address: 7901 4TH ST N STE 300

ST. PETERSBURG, Florida 33072
(City) (Zip code)

FILED
2021 JUN 29 PM 4:09
CLERK OF COURT
HALL COUNTY, FLORIDA

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)

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: GIOVANNI BONITA

☒ Member Address: 35 8TH STREET NE

☐ Authorized WASHINGTON, DC 20002

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: AMANDA BONITA

☒ Member Address: 35 8TH STREET NE

☐ Authorized WASHINGTON, DC 20002

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: AMY FESSLER

☒ Member Address: 211 WALKER LN

☐ Authorized EDGEWATER, KY 41017

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: TOM FESSLER

☒ Member Address: 211 WALKER LN

☐ Authorized EDGEWOOD, KY 41017

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.

Giovanni Bonita

Signature of an authorized person

GIOVANNI BONITA

Typed or printed name of signer

2021 JUN 29 PM 4:09
FILED
CLERK OF DISTRICT COURT
JULY 1, 2021
JULY 1, 2021

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 247304

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

BonFess, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 21, 2021 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27th day of May, 2021, in the 229th year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
247304/1146231



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2021

GIOVANNI BONITA
BONFESS, LLC
35 8TH STREET NE
WASHINGTON, DC 20002

SUBJECT: BONFESS, LLC
Ref. Number: W21000088833

We have received your document for BONFESS, LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$72.50.

The form you submitted is for a Foreign Profit Corporation, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

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

Mel Solomon
Senior Section Administrator

Letter Number: 821A00013681