

M21000009901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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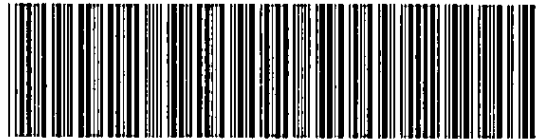
(Business Entity Name)

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CLERK OF FLORIDA

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bouldercrest Apartments 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:

Mark Dessy
Name of Person

Bouldercrest Apartments LLC
Firm/Company

25 Via DeL Cielo
Address

Rancho Palos Verdes, CA 90275
City/State and Zip Code

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

For further information concerning this matter, please call:

Renee Dessy at (310) 508-4806
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 & ☐ \$155.00 SW

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. Bouldercrest Apartments 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. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-4637335
(FEI number, if applicable)

4. August 3, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 25 Via Del Cielo
(Street Address of Principal Office)

6. 25 Via Del Cielo
(Mailing Address)

Rancho Palos Verdes, CA
90275

Rancho Palos Verdes, CA 90275

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

Name: Leslye Seidel

Office Address: 7750 Tamiami Trail

Sarasota, Florida 34231
(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.

L Seidel Prop Mgr
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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>Mark Dessy</u>		<input type="checkbox"/> Manager	Name:	<u>Bradford Dessy</u>	
<input checked="" type="checkbox"/> Member	Address:	<u>25 Via Del Cielo</u>		<input checked="" type="checkbox"/> Member	Address:	<u>25 Via Del Cielo</u>	
<input type="checkbox"/> Authorized		<u>Rancho Palos Verdes, CA 90275</u>		<input type="checkbox"/> Authorized		<u>Rancho Palos Verdes, CA 90275</u>	
Person		<u>Mark Dessy</u>		Person		<u>Bradford Dessy</u>	
<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.

Mark Dessy
Signature of an authorized person

Mark Dessy



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MARK DESSY

MARK DESSY

RANCHO PALOS VERDES

25 VIA DEL CIELO

RANCHO PALOS VERDES, CA 90275

July 26, 2021

Request Type: Certificate of Existence/Authorization

Request #: 0428243

Issuance Date: 07/26/2021

Copies Requested: 1

Document Receipt

Receipt #: 006528231

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3811103790

\$20.00

Regarding: Bouldercrest Apartments LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 05/16/2017

Status: Active

Duration Term: Perpetual

Business County: KNOX COUNTY

Control #: 904383

Date Formed: 05/16/2017

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Bouldercrest Apartments LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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