# M21000010089

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# **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations	
SUBJI	Appleby Properties LLC	
	Nam	ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter	to the following:
	Michael A Appleby	
		Name of Person
	Lakemont Capital, LLC	
		Firm/Company
	16653 SE 69th Way	
		Address
	Bellevue, WA 98006	
	(	City/State and Zip Code
	michael@my-appleby.com	
	E-mail address: (to b	e used for future annual report notification)
For fur	rther information concerning this matter, please ca	all:
	Cathy Silva	425 576-1953 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section
		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fe  Certificate	ee & 🔲 \$155.00 Filing Fee & 🔳 \$160.00 Filing Fee, Certificate

# 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:

	name adopted for the purpose of manaacting business in Flu	onda. The alt	ernate name must include "Limited Liability Compa	any," "L.L.C," or "LLC")	
Washington		3.			
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	_	(FEI number, if applicab	ole)	
November, 13th, 2019	- M.O.				
	(Date first immuncted business in Florida, if prior to a (See sections 603 0904 & 605,0905, F.S. to determi	registration ) ne penalty lis	bility)		
16653 SE 69th Way			6653 SE 69th Way		
treet Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	6	(Mailing Address)	<del></del>	
Bellevue, WA 98006		В	ellevue, WA 98006		
		-		* .	787
		-			18 1202
		-			AUG
Name and street address	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)		AUG - S
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)		AUG - S
Name and street address Name:	ss of Florida registered agent: (P.O. Box Registered Agents Inc.	NOT ac	ceptable)	HER TANK OF SELECTION OF SELECT	AUG -5 FM
	Registered Agents Inc.	NOT ac	ceptable)	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AUG -5 FA Zi
		NOT ac	ceptable)	TAME OF STATE	2021 AUG - 5 FM 2: 16
Name:	Registered Agents Inc.	NOT ac	ceptable)  33702	TAME OF STATE	AUG -5 FA Zi

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:

Title or Capacity:

Name and Address:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and A	ddress:		
2Manager	Name: Michael Appleta,	□Manager	Name:				
⊡Member	Address: 16653 SE 69 46 Way	□Member	Address:				
□Authorized	Bellevire, WA 98006	□Authorized			<del></del>	_	
Person		Person					
Other	Other	Other		□Other			
□Manager	Name: Regine Appleby	☐ Manager	Name:		<del></del>		
ŒMember	Name: Regine Appleby Address: 16653 SE 69thway	□Member	Address:			<b>2</b> 021	
□Authorized	Bellevux, WA 98006	□Authorized	<u></u>			<del>7</del> 06	•
Person		Person				뀨	1-
□Other	Other	□Other		□Other	<u> </u>	Tu:	ļ.
						<u>-</u> ∾	Ţ
□Manager	Name:	□Manager	Name:		15 1	<u> </u>	
□Member	Address:	□Member	Address:			<u></u>	
□Authorized		□Authorized					
Person		Person		<u> </u>		<del></del>	
□Other	□Other	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.

Maila light Signature of an authorized person	
Michael A- Apleby Typed to printed name of sighte	<del></del>



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

OF

### APPLEBY PROPERTIES LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/13/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/05/2021 UBI Number: 604 523 386



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

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Date Issued: 08/05/2021



July 2, 2021

MICHAEL A APPLEBY LAKEMONT CAPITAL, LLC 16653 SE 69TH WAY BELLEVUE, WA 98006

SUBJECT: APPLEBY PROPERTIES, LLC

Ref. Number: W21000095720

We have received your document for APPLEBY PROPERTIES, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Mel Solomon Senior Section Administrator

Letter Number: 221A00015289

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