

M2000010096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

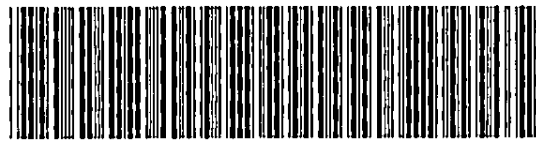
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 AUG -3 PM 2:41
STATE OF FLORIDA

14185
-1008

Handwritten initials/signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2021

LEEZA ANDERSEN
7771 W OAKLAND PARK BLVD STE 228
SUNRISE, FL 33351

SUBJECT: 605 SIMONTON STREET UNIT C, LLC
Ref. Number: W21000098141

We have received your document for 605 SIMONTON STREET UNIT C, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please have Leeza Andersen sign the second page of the document as the authorized person.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 821A00015676

RECEIVED
AUG 03 2021

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. 605 SIMONTON STREET UNIT C, 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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(FBI 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. 610 Southard Street Rear
(Street Address of Principal Office)
Key West, FL 33040

6. The Andersen Firm
(Mailing Address)
7771 W. Oakland Park Blvd, Ste 228
Sunrise, FL 33351

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

Name: Leeza Andersen

Office Address: 7771 W. Oakland Park Blvd, Ste 228

Sunrise, Florida 33351
(City) (Zip code)

FILED
21 AUG -3 PM 2:41
STATE OF 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.

Leeza Andersen
(Registered agent's signature)

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

605 SIMONTON STREET UNIT C, LLC

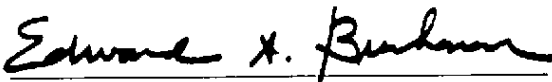
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 1, 2021**, comply with all applicable requirements of this office. its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001017447**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of July, 2021 at 1:45 PM. This certificate is assigned ID Number 045619632.




Secretary of State



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(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. Wyoming 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

<p>5. <u>610 Southard Street Rear</u> <small>(Street Address of Principal Office)</small></p> <p><u>Key West, FL 33040</u></p>	<p>6. <u>The Andersen Firm</u> <small>(Mailing Address)</small></p> <p><u>7771 W. Oakland Park Blvd, Ste 228</u></p> <p><u>Sunrise, FL 33351</u></p>
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Name: Leeza Andersen

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(City) (Zip code)

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 STATE
 OF FLORIDA
 TALLAHASSEE, FLORIDA

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Office of the Secretary of State

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Secretary of State