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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

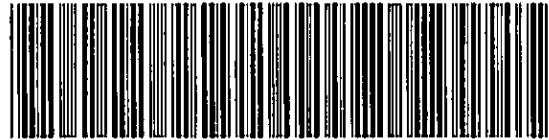
(Business Entity Name)

(Document Number)

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

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21 AUG -3 PM 2:06  
TALLAHASSEE, FLORIDA

Handwritten signature/initials

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Beach Fun 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:

Matthew DiCicco  
\_\_\_\_\_  
Name of Person

Bruns Connell Vollmar & Armstrong  
\_\_\_\_\_  
Firm/Company

40 N. Main Street, Suite 2010  
\_\_\_\_\_  
Address

Dayton, Ohio 45423  
\_\_\_\_\_  
City/State and Zip Code

mdicicco@bcvalaw.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew DiCicco	937	287-7365
_____ Name of Contact Person	at (_____) 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. Beach Fun LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Emerald Bay Cabanas 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. Ohio 4549791
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 1, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 652 Murphys Estate Drive (Street Address of Principal Office)
6. 652 Murphys Estate Drive (Mailing Address)
The Villages, FL 32162 The Villages, FL 32162

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

Name: Matthew DiCicco

Office Address: 652 Murphys Estate Drive

The Villages, Florida 32162
(City) (Zip code)

FILED
21 AUG -3 PM 2:04
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.

[Signature]
(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: Matthew DiCicco

Member                      Address: 652 Murphys Estate Dr

Authorized                      \_\_\_\_\_

                    Person                      The Villages, FL 32162

Other \_\_\_\_\_                       Other \_\_\_\_\_

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

Manager                      Name: James Parsons

Member                      Address: 530 Daytona Parkway

Authorized                      Dayton, Ohio 45406

                    Person                      \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: Judy Yahle

Member                      Address: 530 Daytona Parkway

Authorized                      Dayton, Ohio 45406

                    Person                      \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: Susan Muldowney

Member                      Address: 530 Daytona Parkway

Authorized                      Dayton, Ohio 45406

                    Person                      \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

                    Person                      \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

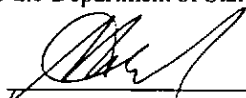
                    Person                      \_\_\_\_\_

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.



Signature of an authorized person

Matthew DiCicco

Typed or printed name of signee

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BEACH FUN LLC, an Ohio For Profit Limited Liability Company, Registration Number 4549791, was organized within the State of Ohio on September 29, 2020, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 27th day of July, A.D. 2021.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202120800836



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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3. 4549791 (FEI number, if applicable)

4. September 1, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

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The Villages, FL 32162

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

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The Villages, Florida 32162
(City) (Zip code)

FILED
21 AUG -3 PM 2:04
STATE OF FLORIDA

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(Registered agent's signature)

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

Manager Name: Matthew DiCicco

Member Address: 652 Murphys Estate Dr

Authorized \_\_\_\_\_

Person The Villages, FL 32162

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Judy Yahle

Member Address: 530 Daytona Parkway

Authorized Dayton, Ohio 45406

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

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

Manager Name: James Parsons

Member Address: 530 Daytona Parkway

Authorized Dayton, Ohio 45406

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Susan Muldowney

Member Address: 530 Daytona Parkway

Authorized Dayton, Ohio 45406

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

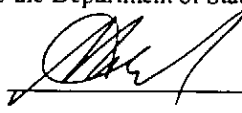
Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

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 \_\_\_\_\_  
 Signature of an authorized person

Matthew DiCicco



UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

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