M21000010825

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W2100000259 Wolf				

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07/23/21--01009--032 **160.00



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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Name of Limited Liability Company				
	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certence, and check are submitted to register the above referenced foreign limited liability company to transact business in				
Please	e return all correspondence concerning this matter to the following:				
	Jed Scanlon				
	Name of Person				
SCANVON SEAFOOD, LLC Firm/Company					
	Address				
Big Pine Key, Fr 33043					
		• कि - } - %			
	cassandranichors scanton@gmait.com	- 12 3			
	E-mail address: (to be used for future annual report notification)				
For fur	orther information concerning this matter, please call:	d men			
	Cassanava Scanlon Name of Contact Person Area Code Daytime Telephone Number				
	Name of Contact Person Area Code Daytime Telephone Number				
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 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 S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified				

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. SCANLON SEAFOOD, 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 3. 87-1532070
(Jurisdiction under the law of which to eign limited liability company is organized) (FEI number, if applicable)
4. (Date first transacted business in Florida if prior to projected on a
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 117 New found Harbor Pd 6. 117 New found Harbor Rd (Mailing Address)
Big Pine Key, FL 33043 Big Pine Key, FL 33043
22 22
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Cassandra Scan Lov = 117 Newfound Harbor Rd = 5
Office Address: 117 Newfound Harbor Rd : =
Big Pine Key . Florida 33043
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:	Title or Capacity:	Name and Address:
Manager	Name: Jed Scanlon	Manager	Name: Cassardra Scanton
□Member	Address: 117 Newfound Harbor Rd.	□Member	Address: 117 Newfound Harbor Ra
□Authorized	Big Pine Key, Fr 33043	□Authorized	Big Pine Key, FL 33043
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name: 2821 755 755
□Member	Address:	□Member	Address: N
□Authorized		□Authorized	P X
Person		Person	F. 17
Other		□Other	Other

ndividuals 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

Cassandra ScanLum

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,

Scanlon Seafood, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 23, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001015458**.

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 9th day of August, 2021 at 10:42 AM. This certificate is assigned ID Number 046259032.

Secretary of State

01:

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.



July 28, 2021

JED SCANLON 117 NEWFOUND HARBOR RD BIG PINE KEY, FL 33043 US

SUBJECT: SCANLON SEAFOOD, LLC

Ref. Number: W21000106259

We have received your document for SCANLON SEAFOOD, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 421A00017705

RECEIVED

AUG 1 2 2021

8/9/2021: please see attached certificate. Thank you! cassandia Scamon

www.sunbiz.org