

1121000013865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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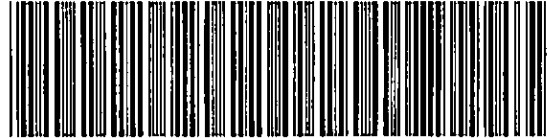
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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10/20/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Corwin Properties 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:

Robert Louis Shuman
Name of Person

Reeder & Shuman
Firm/Company

Post Office Box 842
Address

Morgantown, WV 26507-0842
City/State and Zip Code

corwinproperties4@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Louis Shuman at 304 292-8488
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 & 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. Corwin Properties 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. West Virginia

(Jurisdiction under the law of which foreign limited liability company is organized)

36-4496298

3. _____
(FBI number, if applicable)

4. October 2021

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

5. 142 Marchand Drive

(Street Address of Principal Office)

Westover WV 26501

PO Box 2129

6. _____
(Mailing Address)

Westover WV 26501

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

Name: Scot Alan Corwin

Office Address: 9511 SW 92 Street

Miami

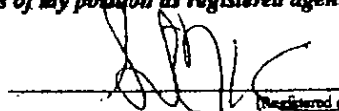
(City)

Florida 33176

(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.



(Registered agent's signature)

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CLERK OF DISTRICT COURT
STATE OF 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: Clayton D. Corwin	<input type="checkbox"/> Manager	Name: Barry M. Corwin
<input checked="" type="checkbox"/> Member	Address: 142 Marchand Drive	<input checked="" type="checkbox"/> Member	Address: 4608 Ballahack Road
<input type="checkbox"/> Authorized	Westover WV 26501	<input type="checkbox"/> Authorized	Chesapeake VA 23322
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name: Scot A. Corwin	 <input type="checkbox"/> Manager	 Name:
 <input checked="" type="checkbox"/> Member	 Address:	 <input type="checkbox"/> Member	 Address:
 <input type="checkbox"/> Authorized	 9511 SW 92 Street	 <input type="checkbox"/> Authorized	
Person	Miami FL 33176	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.


 Signature of an authorized person
 Clayton D. Corwin
 Typed or printed name of signer

State of West Virginia



Certificate

*I, Mac Warner, Secretary of State of the State of
West Virginia, hereby certify that*

CORWIN PROPERTIES LLC

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on October 02, 2001. The application was received and found to conform to law.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Existence

CERTIFICATE OF EXISTENCE

Validation ID:0WV6G_54M39



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
September 29, 2021*

Mac Warner

Secretary of State