

ma1000014622

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

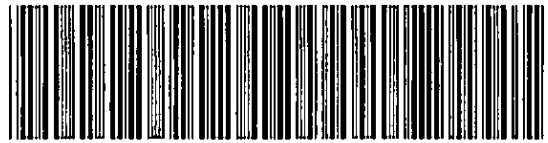
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600374363126

10/09/21--01025--023    \*\*125.00

FILED  
21 NOV - 1 AM 7:04  
CLERK OF COURT  
CLERK OF COURT

T. LEMIEUX  
NOV - 4 2021

138025  
-1000

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 989 NORMANDY U, 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:

Leeza Andersen

\_\_\_\_\_  
Name of Person

The Andersen Firm

\_\_\_\_\_  
Firm/Company

7771 W. Oakland Park Blvd, Ste 228

\_\_\_\_\_  
Address

Sunrise, FL 33351

\_\_\_\_\_  
City/State and Zip Code

LLCAdmin@TAF.law

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leeza Andersen

347

589-8481

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2021

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

SUBJECT: 989 NORMANDY U, LLC  
Ref. Number: W21000138025

We have received your document for 989 NORMANDY U, 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):

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 121A00025341

RECEIVED  
NOV 01 2021

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

*IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. 989 NORMANDY U, 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. 87-2897452  
(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)

5. 989 Normandy U 6. The Andersen Firm  
(Street Address of Principal Office) (Mailing Address)  
Delray Beach, FL 33484 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 33351  
(City) (Zip code)  
Florida

FILED  
NOT - 1 AM 7:04  
JAN 1 2004  
CLERK OF CIRCUIT COURT  
DADE COUNTY, 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)

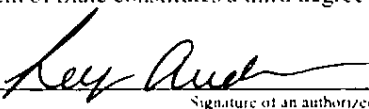
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Leeza Andersen	<input checked="" type="checkbox"/> Manager	Name: MICHAEL ROBERT STANCO
<input type="checkbox"/> Member	Address: The Andersen Firm	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	7771 W. Oakland Park Blvd. Ste 228	<input type="checkbox"/> Authorized	575 Harbor Point Road
Person	Sunrise, FL 33351	Person	Butler, TN 37640
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: KIM ANNE LANGENDORFER	<input type="checkbox"/> Manager	Name: MICHAEL ROBERT STANCO
<input type="checkbox"/> Member	Address:	<input checked="" type="checkbox"/> Member	Address: REVOCABLE LIVING TRUST
<input type="checkbox"/> Authorized	575 Harbor Point Road	<input type="checkbox"/> Authorized	575 Harbor Point Road
Person	Butler, TN 37640	Person	Butler, TN 37640
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: KIM ANNE LANGENDORFER	<input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address: REVOCABLE LIVING TRUST	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	575 Harbor Point Road	<input type="checkbox"/> Authorized	
Person	Butler, TN 37640	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

Leeza Andersen

\_\_\_\_\_  
Typed or printed name of signer

**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,

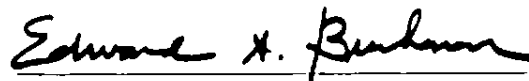
**989 NORMANDY U, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **September 30, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001039956**.

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 25th day of October, 2021 at 2:34 PM. This certificate is assigned ID Number 047644535.



  
Secretary of State