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STORETARY OF STATE

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TO: Registration Section Division of Corporations

.

PARDUN PROPERTIES, LLC

SUBJECT:

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:

Please make check pavable to: FLORIDA DEPARTMENT OF STATE

□ \$130.00 Filing Fee &

Certificate of Status

□ \$125.00 Filing Fee

THOMAS PARDUN Name of Person PARDUN PROPERTIES, LLC Firm/Company PO BOX 156 Address SOUTHWORTH, WA 98386 City/State and Zip Code tompardun@hotmail.com E-mail address: (to be used for future annual report notification) 5 For further information concerning this matter, please call: - 19 - 29 ()509 Thomas Pardun 981-6417 Ņ at (Ē Name of Contact Person Daytime Telephone Number Area Code Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:

□ \$155.00 Filing Fee &

Certified Copy

S160.00 Filing Fee, Certificate

of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unurunable, enter anertale	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability	Company," "L.L.C," or "LI
STATE OF WASHINT		20-1802916	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if :	applicables
10/11/2016			
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	gistration) penalty liability)	-
4135 RIDGECREST V		PO BOX 156	
eet Address of Principal Office)		6(Mailing Address)	
PORT ORCHARD, W	A 98366	SOUTHWORTH, WA 98386	
			iii ch
		<u> </u>	
Name and street addres	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	TARY TARY
Name:	GARY S. WOLFE		
Office Address:	3835 PALM BEACH BLVD		
	FT. MEYERS	33916 . Florida	
	(Cay)	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.

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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>	Name and Address:	Title or Capacity:	Name and Address:
■ Manager	Name:	Manager	Name: HEIKE M PARDUN
■ Member	Address: PO BOX 156	Member	Address: PO BOX 156
Authorized	SOUTHWORTH, WA 98386	Authorized	SOUTHWORTH, WA 98386
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	فيتعطف المستحين المراجع
□Manager	Name:	□Manager	
□Member	Address:	□Member	Address:
Authorized		Authorized	
Person		Person	····
Other	①Other	□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.

M Paraule Signalure of an authorized person Neike N

Heike M. Pardun l'sned or printed name of signer



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PARDUN PROPERTIES, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/01/2004.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 10/07/2021 UBI Number: 602 408 854



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

ten Ulgna

Kim Wyman, Secretary of State

Date Issued: 10/07/2021



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2021

THOMAS PARDUN PARDUN PROPERTIES, LLC PO BOX 156 SOUTHWORTH, WA 98386

SUBJECT: PARDUN PROPERTIES, LLC Ref. Number: W21000139432

We have received your document for PARDUN PROPERTIES, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date éntered on the application, the civil penalty and annual report filing fees total \$1,193.75.

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

Mel Solomon Senior Section Administrator

Letter Number: 921A00025652

Check enclosed #1023

RECEIVED NOV 1 5 2021

www.sunbiz.org

Division of Corporations PO ROY 6327 Tallahasson Florida 32314