

W210000017671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

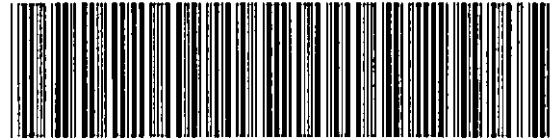
(Document Number)

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

Special Instructions to Filing Officer:

W21000042420  
206/8  
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2022 DEC 27 PM 6:24  
CLERK OF COURT  
CLERK OF COURT

S. FRANKLIN

DEC 28 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Distinctive Dwellings, 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:

Mary Ann Skweres

Name of Person

Distinctive Dwellings, LLC

Firm/Company

7659 Sand Canyon Road

Address

Wrightwood, CA 92397

City/State and Zip Code

maryann.distinctivedwellings@gmail.com

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

For further information concerning this matter, please call:

Mary Ann Skweres

323

697-7889

at ( )

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

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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. Distinctive Dwellings, 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. Utah EIN: 47-4738657  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. May 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

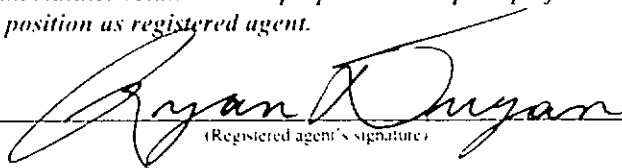
5. 1187 North 1200 West 2710 Del Prado Blvd. South  
(Street Address of Principal Office) (Mailing Address)  
Suite 300 Unit 2-241  
Orem, Utah 84057 Cape Coral, FL 33904

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

Name: Law Office of Ryan P. Dugan, P.A.  
Office Address: 2121 West First Street, Suite #10  
Fort Myers, Florida 33901  
(City) (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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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]:

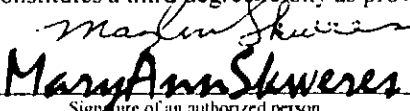
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name: _____	Robert S. Bayless	_____	<input checked="" type="checkbox"/> Manager	Name: _____	Mary-Ann Skweres	_____
<input type="checkbox"/> Member	Address: _____	7659 Sand Canyonb Road	_____	<input type="checkbox"/> Member	Address: _____	7659 Sand Canyon Road	_____
<input checked="" type="checkbox"/> Authorized	_____	Wrightwood, CA 92397	_____	<input checked="" type="checkbox"/> Authorized	_____	Wrightwood, CA 92397	_____
Person	_____		_____	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 _____		
<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 _____		

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JACKSONVILLE, FL

**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  
  
Mary-Ann Skweres  
\_\_\_\_\_  
Typed or printed name of signee



Utah Department of Commerce  
Division of Corporations & Commercial Code  
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

11/01/2021  
9502304-016011012021-3439582

## CERTIFICATE OF EXISTENCE

Registration Number: 9502304-0160  
Business Name: DISTINCTIVE DWELLINGS, LLC  
Registered Date: August 07, 2015  
Entity Type: LLC - Domestic  
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and that Articles of Dissolution have not been filed.

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*L. Veillette*

Leigh Veillette  
Director  
Division of Corporations and Commercial Code



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2021

MARY ANN SKWERES  
7659 SAND CANYON ROAD  
WRIGHTWOOD, CA 92397 US

SUBJECT: DISTINCTIVE DWELLINGS, LLC  
Ref. Number: W21000042420

We have received your document for DISTINCTIVE DWELLINGS, LLC and your check(s) totaling \$130.00. 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.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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: 021A00006656

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