

M220000000816

(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



500378824585

01/13/22--01022--010 **155.00

FILED
2022 JAN 13 AM 11:19
TALLAHASSEE, FL
CLERK OF COURT

S. ROBERTS

JAN 13 2022

January 6, 2022

Florida Department of State

Division of Corporations

2415 N Monroe St, Suite 810

Tallahassee, FL 32303

Dear Registration Section:

Here is an application to register as a foreign agent in the state of Florida. The LLC was created in the state of Iowa where we live. On January 3, 2022 we closed on a condo located at 12901 Gulf Ln #304, Madeira Beach, FL 33708. We have the condo under the name "Why Not Vacation LLC". If an alternate name is needed in the state of Florida, please use "Why Not Vacation - Iowa LLC"

Feel free to contact me with any questions.

Sincerely,

Nick & Deidre Dowdey

Why Not Vacation LLC

712-470-4947

nddowdey@hotmail.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Why Not Vacation 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:

Deidre Dowdley
Name of Person

Why Not Vacation LLC
Firm/Company

1010 19th Ave
Address

Rock Valley, IA 51247
City/State and Zip Code

nddowdley@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deidre Dowdley at (712) 470-4947
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. Why Not Vacation LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Why Not Vacation - Iowa 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. Iowa
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-3872407
(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. 12901 Gulf Ln # 304
(Street Address of Principal Office)

6. 1010 19th Ave
(Mailing Address)

Madison Beach, FL 33705

Rock Valley, IA 51247

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

Name: Julie Dunn Snyder

Office Address: 4925 Dr Martin Luther King Jr St. N.
St Petersburg, Florida 33703
(City) (Zip code)

FILED
2022 JAN 13 AM 11:19
STATE OF FLORIDA
TALLAHASSEE, FL

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.

DocuSigned by
Julie Dunn Snyder
076275F0F066404 (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:**

☒ Manager Name: Deidre Dowdley

☒ Member Address: 1010 19th Ave

☐ Authorized Rock Valley, IA 51247

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Nicholas Dowdley

☒ Member Address: 1010 19th Ave

☐ Authorized Rock Valley, IA 51247

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

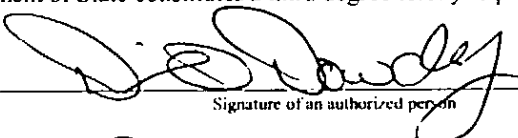
Person _____

☐ 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.



Signature of an authorized person

Deidre Dowdley

Typed or printed name of signer

IOWA
SECRETARY OF STATE

No: FT0154553
Date: 12/03/2021

489DLC-693596
WHY NOT VACATION LLC

ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Certificate of Organization

The document was filed on Dec 3 2021 11:46AM, to be effective as of Dec 3 2021
12:00PM.

The amount of \$50.00 was received in full payment of the filing fee.



A handwritten signature in black ink, reading "Paul D. Pate". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

PAUL D. PATE SECRETARY OF STATE