r	
 •	
	n n n n n n n n n n n n n n n n n n n
	DODDa5ay

(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				

i



02/07/22--01044--009 **125.00

71LED 22 FEB - 7 PH 1: 26

T. LEMIEUX FEB 17 2022

COVER LETTER

TO: Registration Section

SUBJECT:

+ Division of Corporations

Duck L'Ranch, 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:

Genny Hughes			
Name of Person			
United Agent Services, LLC			
Firm/Company			
221 N Broad St			
Address			
Middletown DE 19709			
City/State and Zip Code			
compliance@unitedagentservices.com			
E-mail address: (to be used for future annual report notification)			
nation concerning this matter, please call:			

For further information concerning this matter, please cal

Ruthy Willard		$_{\rm at}$ (520)	881-3989
•	Name of Contact Person	Area Code	Daytime Telephone Number

<u>Mailing Address:</u> 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 paya	ble to: FLORIDA DEPARTN	IE?	NT OF STATE	
XI \$125.00 Filing Fee	□ \$130.00 Filing Fee &		\$155.00 Filing Fee &	🔲 🔲 \$160.00 Filing Fee. Certificate
	Certificate of Statu	5	Certified Copy	of Status & Certified Copy

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

IN COMPLANCE 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:

I Duck L'	Ranch, LLC.	Liability (Company," "L.L.C.," (or "LLC.")		
(If name unavailable, enter alternate name adopted for	the purpose of transacting business in Flo	orida "The alt	ernate name must includ	e "Limited Liability Com	pany," "IIO	`,`` or "[,1.C "1
2. New York	ied liability company is organized)	3 _	<u> </u>	(11) number, if applic	able)	
February 1, 2022 4(Date first	transacted business in Florida, if prior to t ins 605,0904 & 605 0905, F.S. to determin	egistration)				
5. 16 Sterling Lake I (Street Address of Principal Office)				ng Lake R	d,	
Tuxedo Park, NY	10987		Tuxedo F	Park, NY 1	0987	
		_			22	
7. Name and <u>street address</u> of Florida	registered agent: (P.O. Box	<u>NOT</u> ac	ceptable)		F£3 -7	-
Name: Unite	ed Agent Service	es, Ll				
Office Address:910() Conroy Winde	rmere	<u>e R</u> oad - S	Suite 200 ⁻		
	Windermere		, Florida	34786		

Registered agent's acceptance:

.

٠

.

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.

Recting Willard

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:	<u>Title or Capacity:</u>	Name and Address:
□Manager	Name: <u>Wayne Reuvers</u>		Name: Gina Reuvers
□Member	Address: 16 Sterling Lake Rd,	□Member	Address: 16 Sterling Lake Rd,
□Authorized	Tuxedo Park, NY 10987	□Authorized	Tuxedo Park, NY 10987
Person	· · · · · · · · · · · · · · · · · · ·	Person	
X10ther	ing Mbr	X101herManag	ging Mbr _{□Other}
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
Authorized		Authorized	
Person	·····	Person	<u></u>
Other	[] Other	Other	
Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	<u></u>	□Authorized	
Person		Person	
□Other	Other	Other	Other

<u>Important Notice</u>: 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.

Mayne Researce				
Signature of an authorized person				
Wayne Reuvers				
Typed or printed name of signee				

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	DUCK L'RANCH LLC
DOS ID Number:	4575778
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	05/12/2014
Statement Status:	CURRENT

No information is available from this office regarding the financial condition, business activity or practices of this entity.

05/31/2022



Statement Due Date:

WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 31, 2022 at 09:57 A.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100000998663 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ecorp.dos.ny.gov</u>