M200003710

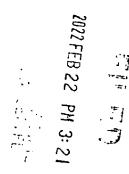
(Requestor's Name)
(Address)
(1.00.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:

Office Use Only



700382149567

02/22/22--01040--016 **130.00



S. FRANKLIN MAR 1 2 2022

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	ECT: Hoyt Paragon, LLC		_	
		Name of Limited Liability Company		
		ited Liability Company for Authorization to Transact Business in Florid ter the above referenced foreign limited liability company to transact bu		
Please	return all correspondence concerning	g this matter to the following:		
	Peter Scheier			
		Name of Person	_	
	Hoyt Paragon, LLC	Firm/Company	_	
		rani/Company		
	900 Quaye Lake Circle, a	Ani 103		
		Address	20	
		ے	2022 FEB	-15-
	Wellington, FL 33411		<u></u>	4 4 1 4
		City/State and Zip Code	22	- च भ
			PH	, en 4 1 • 3
	pscheier@outlook.com E-mail a	address: (to be used for future annual report notification)	_⊒≍ _ယ	أوسو
Con firm	ther information concerning this mat		_မှ က	
roi iui	ther information concerning this man	ner, prease can.	_	
	Peter Scheier	at (917) 509-2947		
	Name of Contact		_	
	Mailing Address:	Cannot Addanger		
	Registration Section	Street Address: 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		
		ing amount: ORIDA DEPARTMENT OF STATE 0.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy of Status & C		

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

IN COMPHANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

finame unavailable, enter alternate	name adopted for the purpose of transacting business in l	Torida. The alternate name	must include "Limited Liab	bility Company," "L.L.C."	or "LLC.")
New York (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FIII number	(FEI number, if applicable)	
·	(Date first transacted business in Florida, if prior to	o registration)			
	(See sections 605 0904 & 605 0905, F.S. to determ	mne penalty hability)			
900 Quave Lake Circl Street Address of Principal Office)	e, Apt 103		re Lake Circle, Apt	103	_
Wellington, FL 33411		Wellingto	on, FL 33411	2022	
				FEB 2	· 기 : <u>:</u>
	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	2 PH	3-14 3-3 1
. Name and <u>street addre</u>					التعدي
Name and <u>street addres</u> Name:	Peter Scheier			3: 21	ومعد
	Peter Scheier 900 Quave Lake Circle, Apt 103			3: 21	naeg ³
Name:		, F	lorida <u>33411</u> (Zip code)	3: 21	ج <u>ح</u> وع

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:	Title or Capacit	<u>Y:</u>	Name and Address:
≣Manager	Name: Peter Scheier	□Manager	Name:	<u></u> ,
≅ Member	Address: 900 Quaye Lake Circle	□Member	Address:	
□Authorized	<u>Apt 103</u>	□Authorized		
Person	Wellington, FL 33411	Person		<u> </u>
□Other	Other	□Other		□Other
□Manager	Name:	∏Manageт	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	-	202
Other	Other	□Other		□Other E
				22
□Manager	Name:	□Manager	Name:	P 3:
□Member	Address:	□Member	Address:	75 2
□Authorized		□Authorized		
Person		Person		
□Other		□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, 1 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

Peter Scheier
Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, BRENDAN C. HUGHES, Acting Secretary of State of the State of New York and custodian of the records required by law to this certificate, the following entity information is reflected:

Entity Name:

HOYT PARAGON, LLC

DOS ID Number:

4676922

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

12/08/2014

Statement Status:

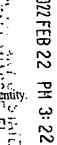
CURRENT

Statement Due Date:

12/31/2022

•

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 13, 2021 at 11:04 A.M.

BRENDAN C. HUGHES, Acting Secretary of State



Brandon C Hughan

Authentication Number: 100000763105 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

į,