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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2022 MAR -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Paradise Island, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Paradise Island Getaway, 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. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-0862196
(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. Paradise Island, LLC
(Street Address of Principal Office)

6. Paradise Island, LLC
(Mailing Address)

2 Skyline Drive

2 Skyline Drive

Garrett, Indiana 46738

Garrett, Indiana 46738

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

Name: Mrs. Judy Whaley

Office Address: 320 Seaview Court, #1005

Marco Island, Florida 34145
(City) (Zip code)

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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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.

(X) Judy Whaley
(Registered agent's signature)
Judy Whaley

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: Kimberly J. Jennings Rev. Trust
 Member Address: 2 Skyline Drive
 Authorized Garrett, Indiana 46738
 Person By Kimberly J. Jennings, Trustee
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Douglas E. Jennings Rev. Trust
 Member Address: 2 Skyline Drive
 Authorized Garrett, Indiana 46738
 Person By Douglas E. Jennings, Trustee
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 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.

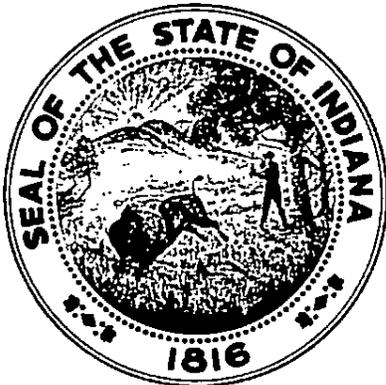
(X) Kimberly J. Jennings, Trustee (X) Douglas E. Jennings
Signature of an authorized person TRUSTEE
Kimberly J. Jennings, Trustee Douglas E. Jennings,
Typed or printed name of signee Trustee

State of Indiana
Office of the Secretary of State

Certificate of Organization
of
PARADISE ISLAND, LLC

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, February 18, 2022.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 18, 2022.

A handwritten signature in cursive script that reads "Holli Sullivan".

HOLLI SULLIVAN
SECRETARY OF STATE

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To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>