

MA2200000 5888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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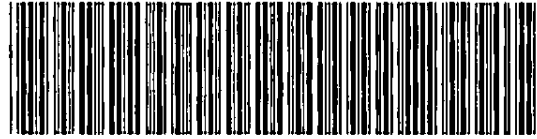
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Havanese, 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:

Stephanie O'Bryant
Name of Person

Havanese, LLC
Firm/Company

6555 NE Hilltop Lane
Address

Dayton, OR 97114
City/State and Zip Code

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

For further information concerning this matter, please call:

Stephanie O'Bryant 971 545-2244
Name of Contact Person at () 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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Havanese, 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. Oregon 3. 83-0655249
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/18/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6555 NE Hilltop Lane
(Street Address of Principal Office)

6. 6555 NE Hilltop Lane
(Mailing Address)

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ALL AMESSES
FLORIDA

Dayton, OR 97114

Dayton, OR 97114

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

Name: Grace Evenstad

Office Address: 3800 Rum Row

Naples, Florida 34102
(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.

Grace Evenstad
(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: Grace Evenstad

☒ Member Address: 3800 Rum Row

☒ Authorized Naples, FL 34102

Person Chief Manager and Member

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Ryan Harris

☐ Member Address: 6555 NE Hilltop Lane

☒ Authorized Dayton, OR 97114

Person President and CEO

☐ Other _____ ☐ Other _____

☐ Manager Name: Evan Karp

☐ Member Address: 6555 NE Hilltop Lane

☒ Authorized Dayton, OR 97114

Person Chief Financial Officer

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

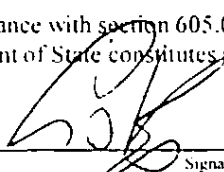
Person _____

☐ 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.



Signature of an authorized person

Evan Karp

Typed or printed name of signer

State of Oregon

*OFFICE OF THE SECRETARY OF STATE
Corporation Division*

Certificate of Existence 801Y536D5

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

HAVANESE, LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

A handwritten signature in black ink, appearing to read "Shemia Fagan", is written over a horizontal line.

SHEMIA FAGAN, SECRETARY OF STATE

3/21/2022