M 22 000000 7973

| (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



300386996143

95.89°01 U19205 B70 €€160.00

FILED

2022 HAY -3 PH 5: 19

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| SUBJE | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| | | impany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida. | | | | | | |
| Please | Please return all correspondence concerning this matter to the following: | | | | | | | |
| | Bonnie Patterson | | | | | | | |
| | | Name of Person | | | | | | |
| | Clara Oliva, LLC | | | | | | | |
| | | Firm/Company | | | | | | |
| | 93 Siddall Road | | | | | | | |
| | | Address | | | | | | |
| | Sanford, ME 04073 | | | | | | | |
| | City | /State and Zip Code | | | | | | |
| | bopatter@metrocast.net | | | | | | | |
| | E-mail address: (to be u | sed for future annual report notification) | | | | | | |
| For fur | ther information concerning this matter, please call: | | | | | | | |
| Bonnie Patterson | | 207 310-1485 at () | | | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | | | |
| Mailing Address: 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 | | | | | | |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\subseteq}\$\$ \$125.00 Filing Fee \$\Boxed{\subseteq}\$\$\$ \$\$130.00 Filing Fee & \$\Boxed{\subseteq}\$\$\$ \$\$155.00 Filing Fee & \$\$160.00 Filing Fee, Certificate Copy 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:

| Clara Oliva, LLC | | | | | |
|---|---|------------------------------------|------------------------------------|------------------------------------|------------|
| (Name of Foreign | Limited Liability Company; must include "Lin | nited Liabilit | y Company," "L.L.C.," or "LLC | 2.") | |
| (If name unavailable, enter alternate i | name adopted for the purpose of transacting business | in Florida. The | alternate name must include "Limit | ed Lizbility Company," "L.L.C," or | TLLC.") |
| Maine 2. | | 3. | 86-2967024 | | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | . 3. | (FEI | number, if applicable) | _ |
| 4/26/2022 | | | | | |
| 4 | (Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to det | r to registratio ermine penalty | nt.) y liability) | | |
| 5636 Delido Court | | 6. | 93 Siddall Road | | |
| 5. (Street Address of Principal Office) | | | (Mailing Address) | | _ |
| Cape Coral, FL | | | Sanford, ME | | |
| 33904 | | | 04073 | DZZ HA | <u>-</u> 1 |
| 7. Name and street address | ss of Florida registered agent: (P.O. E | Box <u>NOT</u> | acceptable) | Y-3 P | m |
| Name: | Bonnie Patterson | | | 5: 5: 1 | |
| Office Address: | 1214 Flamingo Drive | | | <u>}</u> • | |
| | Cape Coral | | 33904 , Florida | | |
| | (City) | (Zip coc | le) | | |

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.

(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: | Title or Capacity: | Name and Address: |
|----------------------|--------------------------|---------------------|--------------------------|
| ■Manager | Name: | ■ Manager | Name: Michael Patterson |
| ■Member | Address: 23 Siddall Road | ■Member | Address: 93 Siddall Road |
| Authorized | Sanford, ME 04073 | ■ Authorized | Sanford, ME 04073 |
| Person | | Person | |
| Other | Other | □Other | Other |
| □Manager | Name:(| □Manager | Name: |
| □Member | Address: | □Member | Address: |
| ☐ Authorized Person | | □Authorized | |
| Other | □ Other | Person ☐Other | |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| Other | 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. 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.

Bonn O. Pallerson
Signature of an authorized person

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that CLARA OLIVIA, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is January 07, 2021.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-second day of April 2022.

Shenna Bellows
Secretary of State

henna Bellows

Authentication: 7325-832 - 1 - Fri Apr 22 2022 11:54:14