

7/25/22, 12:30 PM

Division of Corporations

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company**Savona, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

S. FRANKLIN

JUL 27 2022

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Corporate Filing Menu

Help

**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. Savona, 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. California, USA 3. 82-3567564
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 13123 E Emerald Coast Pkwy Ste B113 6. 13123 E Emerald Coast Pkwy Ste B113
(Street Address of Principal Office) (Mailing Address)
Inlet Beach, FL 32461 Inlet Beach, FL 32461

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

Name: Cogency Global, Inc
Office Address: 115 North Calhoun St. Suite 4
Tallahassee, Florida 32301
(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.

/S/ Jacqueline Almeida

(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: Isabel Hermann
☒ Member Address: 13123 E Emerald Coast Pkwy S
☐ Authorized Inlet Beach, FL 32461
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Marc Hermann
☒ Member Address: 13123 E Emerald Coast Pkwy S
☐ Authorized 13123 E Emerald Coast Pkwy SteB113
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Karin Hermann
☒ Member Address: 13123 E Emerald Coast Pkwy S
☐ Authorized 13123 E Emerald Coast Pkwy SteB113
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity:**Name and Address:**

☒ Manager Name: Bill Zutter
☐ Member Address: 13123 E Emerald Coast Pkwy S
☐ Authorized Inlet Beach, FL 32461
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.

Bill Zutter

Signature of an authorized person

Bill Zutter

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: SAVONA, LLC
Entity No.: 201723410467
Registration Date: 08/22/2017
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix
the Great Seal of the State of California this day of May 10,
2022.



SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No. 010304723

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State
Certification Verification Search available at bizfileOnline.sos.ca.gov