

M22000011880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

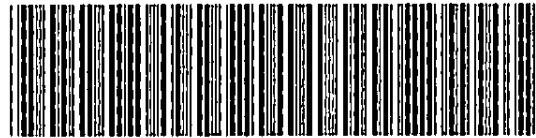
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M. SOLOMON

FD-1000 (Rev. 1-18)

TO: Registration Section
Division of Corporations

SUBJECT: Placitas Properties, LLC
Limited Liability Company

The enclosed "Application for Registration 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 to the following address:

Andrew I Epstein
Name of Officer

Placitas Properties, LLC
Entity Name

540 Shalimar Street
Address

Marco Island FL 34145
City and Zip Code

andrew.epstein@gmail.com
E-mail address for correspondence (Please include report notification)

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For further information concerning this subject, please call:

Andrew I Epstein at 915 474 0578
Name of Officer Phone Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6227
Tallahassee, FL 32303

Local Address:

Registration Section
Division of Corporations
Department of Tallahassee
300 Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is payment for the:

Please make check payable to:

☐ \$125.00 Filing Fee

☐ \$125.00 Filing Fee & State Fee

☐ \$125.00 Filing Fee & State Fee & Certified Copy



\$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.09, F.S., AND CHAPTER 61, F.S., I, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN FLORIDA.

1. Placitas Properties, LLC
(Name of foreign limited liability company) (Filing office) (Filing office)

(If name unavailable enter alternate name as follows: (a) If name does not include "Limited Liability Company," "LLC" or "LLP,"

2. State of New Mexico : 45-1797647
(Jurisdiction of the foreign limited liability company) (Filing number, if applicable)

4. _____
(Name of principal office of foreign limited liability company)

5. 540 Shalimar St
(Street Address of Principal Office) (Mailing Address)

Marco Island, FL 34145

7. Name and street address of Florida registered agent (if not box #12) (acceptable)

Name:

Andrew I Epstein

Office Address:

540 Shalimar Street
Marco Island

Florida 34145
(Zip code)

Registered agent's acceptance:

Having been named as registered agent and having accepted the duties for the above stated limited liability company at the place designated in this application, I, the undersigned, do hereby accept the position of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all other laws of the state of Florida governing the performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Andrew I Epstein

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8. For initial indexing purposes, list names, titles, capacities and addresses of the primary members/managers or persons authorized to manage (up to six each):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Andrew I Epstein</u>	Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>540 Shalimar St</u>	Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Morocco Island, FL 34145</u>	Authorized	_____
<input type="checkbox"/> Other _____	_____	Other _____	<input type="checkbox"/> Other _____

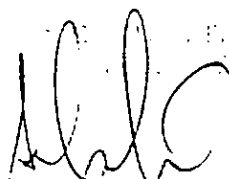
<input type="checkbox"/> Manager	Name: _____	Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	Authorized	_____
<input type="checkbox"/> Other _____	_____	Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	Authorized	_____
<input type="checkbox"/> Other _____	_____	Other _____	<input type="checkbox"/> Other _____

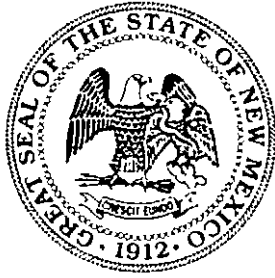
Important Notice: Use an attachment to report the company's name. The attachment will be imaged for reporting purposes only. Non-indexed individuals may be identified by the company's name on the attachment of State Annual Report form.

9. Attached is a certificate of the Secretary of State of the jurisdiction under the laws of which the company 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 covered by the provisions of the Florida Statutes. I am aware that any false information submitted in a document to the State of Florida is a crime as provided for in § 317.155, F.S.



Andrew I Epstein



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

PLACITAS PROPERTIES, LLC

4430039

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on April 4, 2011, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **August 1, 2022**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Maggie Toulouse Oliver

Maggie Toulouse Oliver
Secretary of State

Certificate Validation #: 0068574

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under Certificate Validation.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2022

ANDREW I EPSTEIN
PLACITAS PROPERTIES, LLC
540 SHALIMAR STREET
MARCO ISLAND, FL 34145

SUBJECT: PLACITAS PROPERTIES, LLC
Ref. Number: W22000095972

We have received your document for PLACITAS PROPERTIES, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, ~~this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.~~ n/a

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 522A00016424

*Rec'd
8-1-22*