

M220000013153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

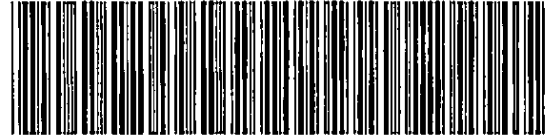
(Document Number)

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2022 AUG 22 AM 10:28
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

FILED

AUG 23 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

Sunkissed Vacation Rentals LLC
SUBJECT: _____

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:

Mark H. Hadfield

Name of Person

Sunkissed Vacation Rentals LLC

Firm/Company

4425 Hanwell Ct

Address

Midlothian, VA 23113

City/State and Zip Code

skvrfun@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Hadfield

804

543-9617

at (_____) _____

Name of Contact Person

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 &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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

FILED
2020 AUG 22 AM 10:28
CLERK OF STATE
TALLAHASSEE, FL 32303

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. Sun Kissed Vacation Rentals LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Luxury Sun Kissed Vacation Rentals 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. Virginia 3. 27-1873204
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6-3-2010
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4425 Hanwell Ct 6. 4425 Hanwell Ct
(Street Address of Principal Office) (Mailing Address)

Midlothian, VA 23113 Midlothian, VA 23113

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

Name: Mark H. Hadfield

Office Address: 7978 Lake Wilson Rd

Davenport, Florida 33896
(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.

Mark H. Hadfield
(Registered agent's signature)

RECEIVED
FLORIDA SECRETARY OF STATE
TALLAHASSEE, FL 32399

2009 AUG 22 AM 10:28

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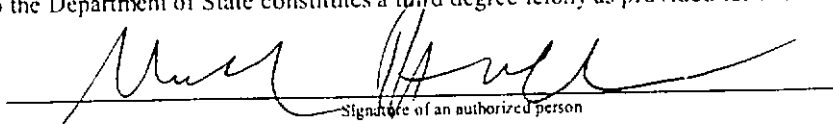
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Mark H Hadfield</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Marnee Hadfield</u>
<input checked="" type="checkbox"/> Member	Address: <u>4425 Hanwell Ct</u>	<input checked="" type="checkbox"/> Member	Address: <u>4425 Hanwell Ct</u>
<input type="checkbox"/> Authorized	<u>Midlothian, VA 23113</u>	<input type="checkbox"/> Authorized	<u>Midlothian, VA 23113</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Mark Hadfield

Typed or printed name of signer

2022 AUG 22 AM 10:26
DEPARTMENT OF STATE
OFFICE OF THE CLERK

FILED

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

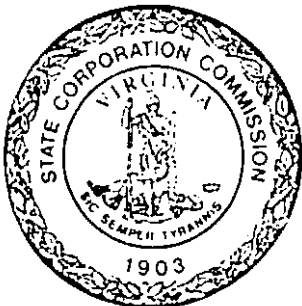
I Certify the Following from the Records of the Commission:

That Sun Kissed Vacation Rentals LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on February 9, 2010; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

July 25, 2022

A handwritten signature in cursive script, reading "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2022

MARK HADFIELD
4425 HANWELL CT
MIDLOTRIAN, VA 23113 US

SUBJECT: SUN KISSED VACATION RENTALS LLC
Ref. Number: W22000018526

RECEIVED

AUG 22 2022

Please accept our apology for failing to mention this in our previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$2,165.00.

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

Mel Solomon
Senior Section Administrator

Letter Number: 622A000017862

*Sun Kissed Vacation Rentals LLC DBA as
Luxury Sun Kissed Vacation Rentals LLC*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2022

MARK HADFIELD
4425 HANWELL CT
MIDLOTRIAN, VA 23113 US

SUBJECT: SUN KISSED VACATION RENTAL
Ref. Number: W22000018526

We have received your document for SUN KISSED VACATION RENTAL and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The writing is not legible, you can type on the application from Sunbiz.org and print the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Consina Griffin-Greaux
Regulatory Specialist II

Letter Number: 622A00003768