M2200013363

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

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Registration Section
Division of Corporations

TO:

	Name of Limited Liability Company		
enclosed "Application by Fore ence, and check are submitted	gn Limited Liability Company for Authorization to Transact Business in Flo to register the above referenced foreign limited liability company to transact	rida," Certi business ir	ificate of 1 Florida.
e return all correspondence co	ncerning this matter to the following:		
Jacob Chapman			
	Name of Person		
Desert North Re-	dty, LLC		
	Firm/Company	 -	
8180 N Hayden	Rd. Ste. D-107		
	Address	•::.	12 23
Scotsdale, AZ 85	258	12. 22.	到恕 AUG 23
	City/State and Zip Code	まい かた	ر 2
Info@desertnorthr	ealty.com	13888 1738 - 13888 1738 - 1881	
	E-mail address; (to be used for future annual report notification)		35 35
arther information concerning	this matter, please call:	52. 25.	AH 10: U6
Jacob Chapman	at (602) 502-3008		
Name of	Contact Person Area Code Daytime Telephone Numb	oer	
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations Registration Section	Division of Corporations Registration Section		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the			
\$125.00 Filing Fee	to: FLORIDA DEPARTMENT OF STATE \$130.00 Filing Fee & \$\Bigsim \$155.00 Filing Fee & \$\Bigsim \$160.00 Fi		
□ 3123.00 PHIN9 Pee	\$130.00 Filing Fee & \$\Bullet\$ \$155.00 Filing Fee & \$\Bullet\$ \$160.00 Fi	ling Fee, C	ertificate

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

IN COMPILANCE 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:

(If name unavailable, enter al	ternate name adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited Liability	Company," "L.L.C." or	"LLC.")
2. Arizona		3.		
(Jurisdiction under the	aw of which foreign limited hability company is organized)	3(FEI number, if	applicable)	
4				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.) rmine penalty liability)		
5. 8180 N Hayden Rd. (Street Address of Principal Office)		6. 8180 N Hayden Rd. (Mailing Address)		
(Street Add	ress of Principal Office)	(Mailing Address)		
Suite D-107		Suite D-107		
Scottsdale, AZ 8	5258	Scottsdale, AZ 85258		8
7. Name and street:	address of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)		NIC 23
Name:	REGISTERED AGENTS INC.			
Office Add	7901 4TH ST N STE 300 ress:		Ďш. 🥊	<u>n</u>
	ST PETERSBURG	33702 , Florida		
	(City)	(Zip code)	- - -	
designated in this ap to comply with the p	acceptance: I as registered agent and to accept service of pplication, I hereby accept the appointment rovisions of all statutes relative to the propations of my position as registered agent.	t as registered agent and agree to act in t	his capacity. I fu	urther agree
to compty with the p and accept the oblig	ations of my position as registered agent. (Registered agent	el Hame	es, and i	l am fan

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: Jacob Chapman	Manager	Name: Stacy Chapman	
☐Member	Address: 4807 N 83rd St	Member	Address: 4807 N 83rd St	
Authorized	Scottsdale, AZ 85251	Authorized	Scottsdale, AZ 85251	
Person		Person		
Other	Other	Other	Other	
☐Manager	Name: The Sharkbite Living Trust	Manager	Name: Donna Jones	
■Member	Address: 4807 N 83rd St	Member	Address: 2319 Strathmoor Blvd	
Authorized	Scottsdale, AZ 85251	Authorized	Louisville, KY 40205	
Person		Person		
Other	Other	Other	Dothers	
			00 2 E	
Manager	Name:	Manager	Name: Sign Sign Sign Sign Sign Sign Sign Sign	
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.

Signature of an authorized person





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

DESERT NORTH REALTY, LLC

ACC file number: L15179585

was incorporated under the laws of the State of Arizona on 05/29/2009, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 06/13/2022

Malther Newl-

Matthew Neubert, Executive Director



