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S. ROBERTS
SEP 1 5 2022

#### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations							
SUBJI	Roxanne Rondeau, LLC							
	Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.						
Please	return all correspondence concerning this matter to	to the following:						
	Roxanne Rondeau							
	<del></del> -	Name of Person						
	Roxanne Rondeau, LLC							
		Firm/Company						
	2473 Wolf Creek Drive							
	Address							
	Mebourne, FL 32935							
	C	City/State and Zip Code						
	roxannerondeautherapy@gmail.com							
	E-mail address: (to be	e used for future annual report notification)						
For fur	rther information concerning this matter, please ca	II:						
Roxanne Rondeau		802 395-1896 at ( )						
	Name of Contact Person	Area Code Daytime Telephone Number						
Mailing Address:		Street Address:						
Registration Section		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						
	, a,	Tallahassee, FL 32303						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF							
	\$125.00 Filing Fee \$130.00 Filing Fe							

### 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:

Roxanne Rondeau, LLO							
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," o	r"LLC!")		<del></del> -	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	lorida. The a	alternate name must include	"Limited Liability	Сопрану," "11	C," or "LLC."	
Burlington, VT		2	N/a				
2		Э.	3. N/A (FEI number, if applicable)				
1 N/A							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration inc penalty	i.) liability)	·· -	_		
595 Dorset Street Suite 8		6.	595 Dorset Street S				
Street Address of Principal Office)			(Mailing Address)				
South Burlington, VT 05403			South Burlington, VT 05403				
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)		1.	2022 SE.	
Name:	Roxanne Rondeau					5	
ranc.	2473 Wolf Creek Drive					PM	
Office Address:	27/3 Holl Glock Dilive	<del>.</del>	<del></del>		:	2: 0	
	Melbourne		329 , Florida	935		2	
	(Cny)			Zip code)	<del></del>		

#### 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: Title or Capacity: Name and Address: Name and Address: Roxanne Rondeau Manager □Manager Name: Address: \_\_ 2473 Wolf Creek Drive □Member □ Member Address: Melbourne, FL 32935 □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ []Other\_\_\_\_ Other\_\_\_\_ □ Manager □ Manager □Member ☐ Member Address: Address: ☐ Authorized □ Authorized Person Person Other\_\_\_\_ □Other Other\_\_\_\_ □Other Name: □Manager Name: □Manager Address: Address: □ Member □Member □ Authorized □ Authorized Person Person □Other □Other ☐ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Roxanne Rondeau

Typed or printed name of signee

## STATE OF VERMONT OFFICE OF SECRETARY OF STATE

#### Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

#### ROXANNE RONDEAU, LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on May 25, 2020.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

September 13, 2022

Given under my hand and seal of office, at Montpelier, the State Capital.

James C. Condos Vermont Secretary of State

Business ID: 0372092 Certificate Number: 2014001781001