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(Address)

(City/State/Zip/Phone #)

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SEP 28 2022

T. LEMMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vallie Properties LLC
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:

Tim Vallie
Name of Person

Vallie Properties LLC
Firm/Company

3180 Levanto dr
Address

Melbourne, FL 32940
City/State and Zip Code

tv3418@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Vallie at (406) 697 2500
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

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. Vallie Properties 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. Montana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 3180 Levanto dr
(Street Address of Principal Office)

6. 3180 Levanto dr
(Mailing Address)

Melbourne, FL 32940
Melbourne, FL 32940

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

Name: Tim Vallie

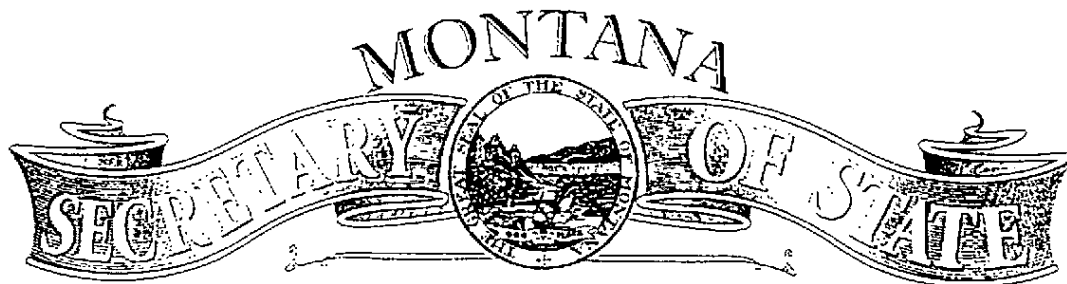
Office Address: 3180 Levanto dr
Melbourne, Florida 32940
(City) (Zip code)

FILED
2022 SEP 23 PM 2:45
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
19

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.

Tim Vallie
(Registered agent's signature)



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

VALLIE PROPERTIES, LLC

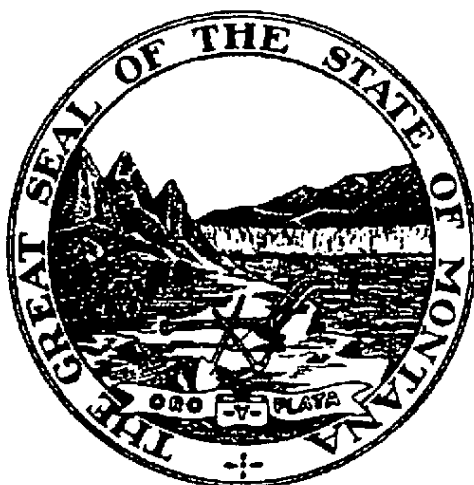
duly filed its **Articles of Organization for Domestic Limited Liability Company** in this office on **February 12, 2009**, and on that date was authorized to transact business in this state **until December 31, 2059**.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 16th day of September, 2022.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 30741017