

M22000015706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

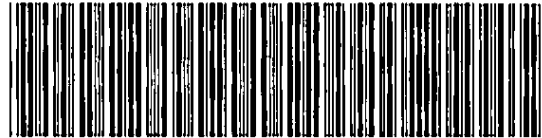
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/12/22--01023--007 \*\*25.00

2022 OCT 11 PM 4:43

S. FRANKLIN

OCT 12 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Camoli Investments, 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:

James Sokolowski

\_\_\_\_\_  
Name of Person

CCG Licensing

\_\_\_\_\_  
Firm/Company

1113 Murfreesboro Rd #106-317

\_\_\_\_\_  
Address

Franklin, TN 37064

\_\_\_\_\_  
City/State and Zip Code

james@financelicenses.com

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

2022-11-11 PM 4:43

For further information concerning this matter, please call:

James Sokolowski

629

255-6259

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Camoli Investments, LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Louisiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3082907

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.004 & 605.005, F.S., to determine penalty liability)

5. 527 E. Boston St. Suite 207

(Street Address of Principal Office)

6. 527 E. Boston St. Suite 207

(Mailing Address)

Covington, LA 70433

Covington, LA 70433

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(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.

Bill Hume  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Chad Mosbey</u>	<input type="checkbox"/> Manager	Name: <u>Heath Wood</u>
<input checked="" type="checkbox"/> Member	Address: <u>527 E. Boston St. Suite 207</u>	<input checked="" type="checkbox"/> Member	Address: <u>527 E. Boston St. Suite 207</u>
<input type="checkbox"/> Authorized	<u>Covington, LA 70433</u>	<input type="checkbox"/> Authorized	<u>Covington, LA 70433</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>James Landon</u>	<input type="checkbox"/> Manager	Name: <u>Nicholas Licata</u>
<input checked="" type="checkbox"/> Member	Address: <u>527 E. Boston St. Suite 207</u>	<input checked="" type="checkbox"/> Member	Address: <u>527 E. Boston St. Suite 207</u>
<input type="checkbox"/> Authorized	<u>Covington, LA 70433</u>	<input type="checkbox"/> Authorized	<u>Covington, LA 70433</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 _____

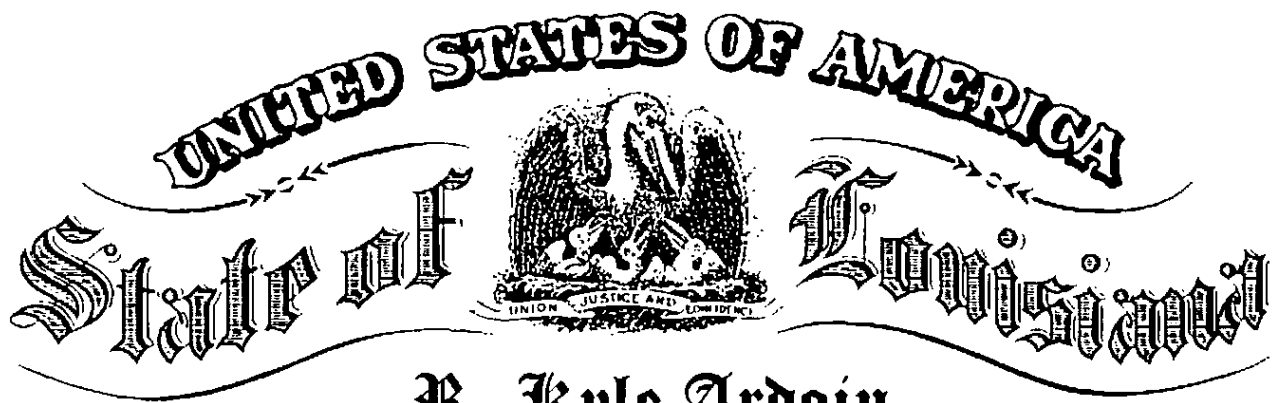
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Chad Mosbey  
Signature of an authorized person

Chad Mosbey  
Typed or printed name of signer



**R. Kyle Ardoin**

**SECRETARY OF STATE**

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Organization of

**CAMOLI INVESTMENTS LLC**

Domiciled at MADISONVILLE, LOUISIANA,

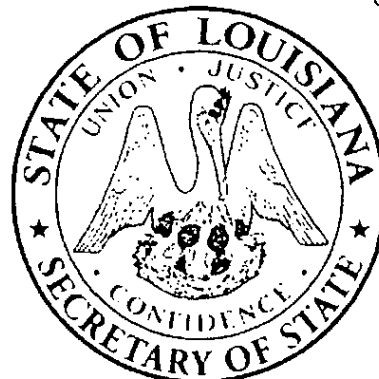
Were filed in this Office and a Certificate of Organization was issued on September 18, 2020,

I further certify that no Certificate of Dissolution or Termination has been issued.

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In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 9, 2022



*R. Kyle Ardoin*

*Secretary of State*

Web 44076841K

Certificate ID: 11624513#F5D52

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.  
**[www.sos.la.gov](http://www.sos.la.gov)**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2022

JAMES SOKOLOWSKI  
1113 MURFREESBORO RD #106-317  
FRANKLIN, TN 37064 US

SUBJECT: CAMOLI INVESTMENTS, LLC  
Ref. Number: W22000121853

We have received your document for CAMOLI INVESTMENTS, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

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.

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.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 822A00021351

RECEIVED  
OCT 11 2022

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314