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Note: Please print this page and use it as a cover sheet. Type the tax and/or number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAND ARMED & DANGEROUS LLC
Account Number : 170158000128
Phone : (850)769-3434
Fax Number : (850)769-6121

Enter the email address for this business entity to be used for future annual report filings. enter only one email address please.

Email Address: jcampfield@handfirm.com

Foreign Limited Liability Company
LARGO MAR MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LARGO MAR MANAGEMENT, 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:

Jessica Campfield

Name of Person

Hand Arendall Harrison Sale, LLC

Firm/Company

35008 Emerald Coast Pkwy, Ste. 500

Address

Destin, FL 32541

City State and Zip Code

jcampfield@handfirm.com

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

For further information concerning this matter, please call:

Jessica Campfield

850

650-0010

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

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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. LARGO MAR MANAGEMENT, LLC

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

2. Tennessee

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

3. 88-3585845

(EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration;
(See sections 605.0901 & 605.0902, F.S., to determine penalty liability.)

5. 6003 WALLABY CT

(Street Address of Principal Office)

6. 6003 WALLABY CT

(Mailing Address)

SPRING HILL, TN 37174

SPRING HILL, TN 37174

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

Name: Hand Arendall Harrison Sale, LLC

Office Address: 35008 Emerald Coast Pkwy, Ste. 500

Destin 32541

(City)

, Florida (zip code)

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H. FLORIDA
LLC

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.

DocuSigned by:

Dion J. Manig

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(Registered agent's signature)

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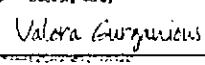
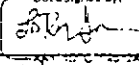
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Valora S. Gurganious</u>	☐ Manager	Name: <u>LeRoy Gurganious</u>
☒ Member	Address: <u>6003 Wallaby Ct</u>	☒ Member	Address: <u>6003 Wallaby Ct</u>
☐ Authorized	<u>Spring Hill, TN 37174</u>	☐ Authorized	<u>Spring Hill, TN 37174</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ 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.

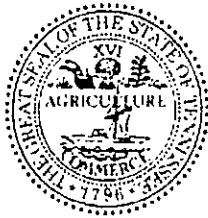
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

DocuSigned by:  Typed or printed name of signer	DocuSigned by:  Typed or printed name of signer
<u>Valora S. Gurganious, Member</u>	<u>LeRoy Gurganious, Member</u>

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Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

HAND ARENDALL HARRISON SALE, LLC
JESSICA CAMPFIELD
STE. 500
35008 EMERALD COAST PKWY
DESTIN, FL 32541

October 11, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0498563

Issuance Date: 10/11/2022
Copies Requested: 1

Document Receipt

Receipt #: 007547214
Payment-Credit Card - State Payment Center - CC #: 3837646890

Filing Fee: \$20.00
\$20.00

Regarding:	Largo Mar Management, LLC	Control # :	1337099
Filing Type:	Limited Liability Company - Domestic	Date Formed:	07/28/2022
Formation/Qualification Date:	07/28/2022	Formation Locale:	TENNESSEE
Status:	Active	Inactive Date:	
Duration Term:	Perpetual		
Business County:	WILLIAMSON COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Largo Mar Management, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 056550013