

M2300000000010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

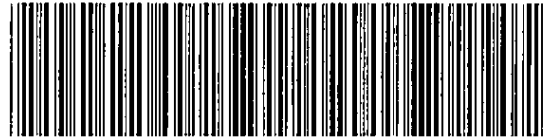
(Document Number)

Number of Copies _____ Certificates of Status _____

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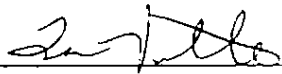
2022 DEC 27 PM 12:49

ALLAHASSEE, FL

JAN 03 2023
K. Brumby

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: 125.00

AUTHORIZATION: 
A2Z VACATIONS RENTALS LLC

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait ☐ Photocopy

☐ **Certified Copy of Articles of Organization**
☐ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **PLLC**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Revocation
☐ Merger
☐ **Conversion**
☐ **Statement of Correction**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

☐ APOSTIL () ☐ **Country**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vacation
A2Z ~~VACATION~~ RENTALS 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:

MARIANA HULL

Name of Person

SEMPREVERDE VACATION RENTALS LLC

Firm/Company

8810 COMMODITY CIR, SUITE 7

Address

ORLANDO, FL 32819

City/State and Zip Code

SEMPREVERDE.VACATION@GMAIL.COM

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

For further information concerning this matter, please call:

MARIANA HULL

407

730 - 3100

at ()

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. A2Z VACATION RENTALS 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. CALIFORNIA 3. 87-0859639
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JANUARY 1ST, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 338 SPEAR ST UNIT 27E 6. 338 SPEAR ST UNIT 27E
(Street Address of Principal Office) (Mailing Address)

SAN FRANCISCO SAN FRANCISCO

CALIFORNIA, 94105 CALIFORNIA, 94105

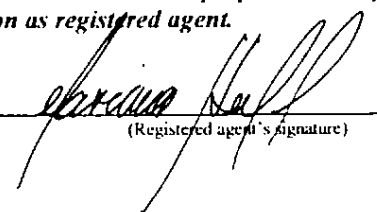
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SEMPREVERDE VACATION RENTALS LLC
Office Address: 8810 COMMODITY CIR, SUITE 7
ORLANDO, Florida 32819
(City) (Zip code)

APPROVED
AND
FILED
2022 DEC 29 AM 11:15

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>ALEX L. ZHANG</u>
☐ Member	Address: <u>338 SPEAR ST UNIT 27E</u>
☒ Authorized	<u>SAN FRANCISCO</u>
Person	<u>CALIFORNIA 94105</u>
☒ Other <u>OWNER</u>	☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: _____
☐ Member	Address: _____
☐ Authorized	_____
Person	_____
☐ Other _____	☐ Other _____

☐ Manager	Name: _____
☐ Member	Address: _____
☐ Authorized	_____
Person	_____
☐ Other _____	☐ Other _____

☐ Manager	Name: _____
☐ Member	Address: _____
☐ Authorized	_____
Person	_____
☐ Other _____	☐ Other _____

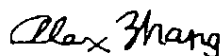
☐ Manager	Name: _____
☐ Member	Address: _____
☐ Authorized	_____
Person	_____
☐ Other _____	☐ Other _____

☐ Manager	Name: _____
☐ Member	Address: _____
☐ Authorized	_____
Person	_____
☐ 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

ALEX L. ZHANG



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: A2Z VACATION RENTALS LLC
Entity No.: 202114510270
Registration Date: 05/20/2021
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 29, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 069642932

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.