

M23000000299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

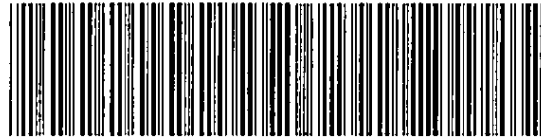
(Document Number)

Number of Copies _____

Certificates of Status _____

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Office Use Only



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AND
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2023 JAN - 6 PM 1:19

MAILED



3:42

JAN 09 2023
K. Brumley

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

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: 160.00

AUTHORIZATION: _____

Recollections of Priscilla Preslev LLC

Business Name

Document Number, (if known):

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait ___ Photocopy

X Certified Copy of Articles of Incorporation

X 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

___ Merger

___ **Conversion**

___ **Statement of Revocation of**

Dissolution

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL() ___

REGISTRATION/QUALIFICATIONS

X Foreign filing

___ Limited Partnership

___ Reinstatement

Country ___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RECOLLECTIONS OF PRISCILLA PRESLEY 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:

Brigitte Kruse

Name of Person

Recollections of Priscilla Presley LLC

Firm/Company

465 Orlando Avenue, Unit 205

Address

Maitland, Florida 32751

City/State and Zip Code

brigitte@gwsauctions.com

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

For further information concerning this matter, please call:

Brigitte Kruse

702

580-3364

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. RECOLLECTIONS OF PRISCILLA PRESLEY 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," "L.L.C.," or "L.C.")

Delaware

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

3. 92 0754522

(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)

465 Orlando Avenue

5. (Street Address of Principal Office)

Unit 205

Maitland, Florida 32751

465 Orlando Avenue

6. (Mailing Address)

Unit 205

Maitland, Florida 32751

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

Name: Brigitte Kruse

Office Address: 465 Orlando Avenue, Unit 205

Maitland

(City)

, Florida

32751

(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.

(Registered agent's signature)

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AND
FILED

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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]:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

☒ Manager

Name: Brigitte Kruse

☐ Manager

Name: _____

☐ Member

Address: 465 Orlando Avenue

☐ Member

Address: _____

☒ Authorized

Unit 205

☐ Authorized

Person

Maitland, Florida 32751

Person

☐ Other _____

☐ Other _____

☐ Other _____

☐ Other _____

☒ Manager

Name: Kevin D. Fialko

☐ Manager

Name: _____

☐ Member

Address: 465 Orlando Avenue

☐ Member

Address: _____

☐ Authorized

Unit 205

☐ Authorized

Person

Maitland, Florida 32751

Person

☐ Other _____

☐ Other _____

☐ Other _____

☐ Other _____

☐ Manager

Name: Priscilla Presley

☐ Manager

Name: _____

☒ Member

Address: 465 Orlando Avenue

☐ Member

Address: _____

☐ Authorized

Unit 205

☐ Authorized

Person

Maitland, Florida 32751

Person

☐ Other _____

☐ Other _____

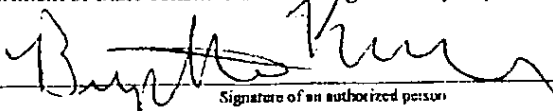
☐ Other _____

☐ 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.



Signature of an authorized person

Brigitte Kruse

Typed or printed name of signer

Delaware

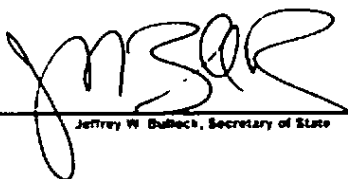
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RECOLLECTIONS OF PRISCILLA PRESLEY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RECOLLECTIONS OF PRISCILLA PRESLEY LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock, Secretary of State

6986179 8300

SR# 20230024491

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202416603

Date: 01-04-23