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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

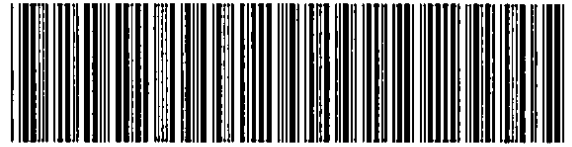
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

US
1/25/23

12/21/2022

RE: Natural SonShine LLC

EIN: 86-3250853

This LLC was opened as an LLC in the state of IL on April 14, 2021. It is still in good standing and I would like to apply to have this LLC transact business in FL.

This has been opened as a Sole Member LLC, I (Michele Cox) am the owner, operator and sole proprietor, my address is 1260 Winston Rd, Maitland, FL 32751. The physical address of the LLC: 9303 W Edgewood Rd, Dixon, IL 61021. The mailing address of the LLC: 1260 Winston Rd, Maitland, FL 32751.

I have included a Cover Letter, Application, Certification of Good standing in State of IL and money needed.

If you have any questions or concerns, I can be reached via email: michelecox1967@gmail.com or phone 815.979.1297.

Respectfully,

Michele R Cox

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Natural Son Shine 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:

Michele Cox
Name of Person
Natural SonShine LLC
Firm/Company
1260 Winston Rd.
Address
Maitland, FL 32751
City/State and Zip Code
michelecox1967@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Michele Cox at (815) 979-1297
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. Natural Son Shine 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. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-3250853
(FEI number, if applicable)

4. 10/17/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9303 W. Edgewood Rd.
(Street Address of Principal Office)

6. 1260 Winston Rd.
(Mailing Address)

Dixon, IL 61021

Maitland, FL 32751

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

Name: Michele Cox

Office Address: 1260 Winston Rd.

Maitland, Florida . Florida 32751
(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.

Michele R. Cox
(Registered agent's signature)

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TALLAHASSEE, FL

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: ☒ Manager ☒ Member ☐ Authorized Person

Name and Address: Name: Michelle Cox
Address: 1260 Winston Rd.
Maitland, FL
32751

☒ Other Owner ☐ Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized
Person _____

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____


<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<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)

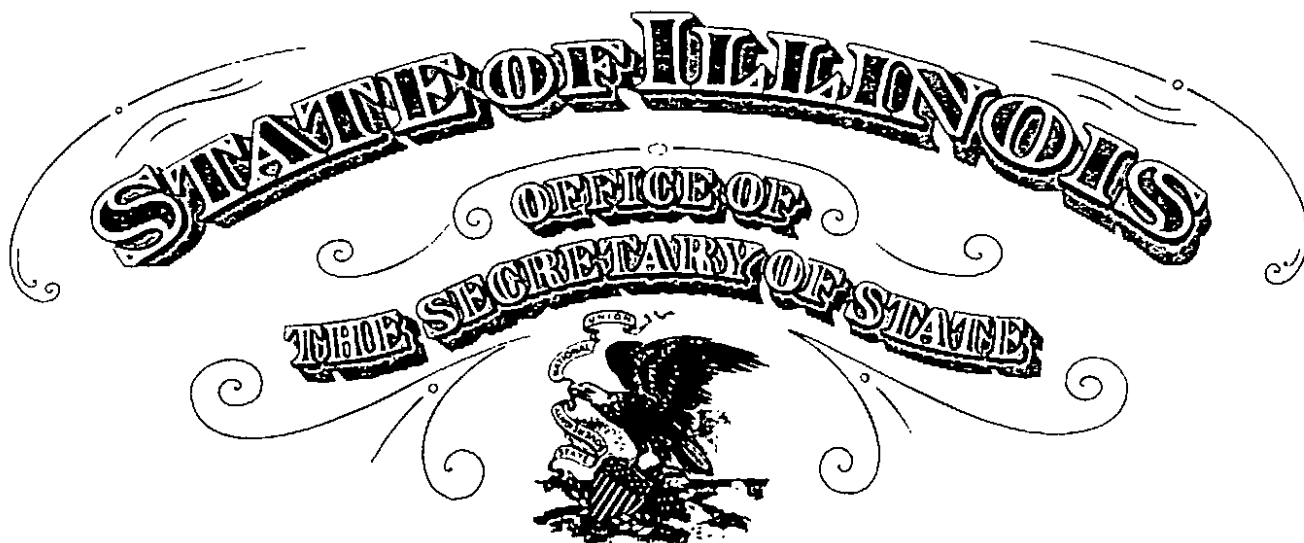
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


 Signature of an authorized person

Michele R. Cox
 Typed or printed name of signer

File Number

1019586-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NATURAL SONSHINE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 14, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

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TALLAHASSEE, FL



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 21ST
day of DECEMBER A.D. 2022 .

Jesse White

SECRETARY OF STATE