

M23000001891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

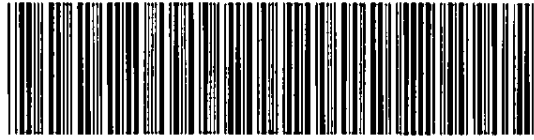
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000011018

Office Use Only



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APPROVED
AND
FILED
2023 FEB 13 PM 3:03

FEB 13 2023
C. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2023

KATHRYN M. POWALSKI
5605 MAUNA LOA BLVD.
UNIT 108
SARASOTA, FL 34240

SUBJECT: VEER CREATIVE LLC
Ref. Number: W23000011018

We have received your document for VEER CREATIVE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 023A00002134

Kathryn M. Powalski
Veer Creative LLC
5605 Mauna Loa Blvd, Unit 108
Sarasota, FL 34240
February 5, 2023

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

I am re-applying for a Foreign Entity as **Veer Creative LLC**. The name was previously unavailable. I was instructed via phone call to Florida Department of State on February 1, 2023 to dissolve this business in order to release the **Veer Creative LLC** name. I have dissolved my Veer Creative LLC business (Document # L22000428257) on February 1, 2023.

I would like to reapply as Foreign Entity under document #W23000011018 using the now available **Veer Creative LLC** name.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Powalski', with a long horizontal flourish extending to the right.

Kathryn M. Powalski
Veer Creative LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Veer Creative 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:

Kathryn M. Powalski

Name of Person

Veer Creative LLC

Firm/Company

5605 Mauna Loa Blvd, Unit 108

Address

Sarasota, FL 34240

City/State and Zip Code

katie.veercreative@gmail.com

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

For further information concerning this matter, please call:

Kathryn Powalski

708

606-3054

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. Veer Creative 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. 85-1692895 (FEI number, if applicable)

4. 01-01-2023 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5605 Mauna Loa Blvd, Unit 108 (Street Address of Principal Office)
6. 5605 Mauna Loa Blvd, Unit 108 (Mailing Address)
Sarasota, FL 34240 Sarasota, FL 34240

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

Name: ZenBusiness Inc.

Office Address: 336 E. College Ave, Suite 301

Tallahassee, Florida 32301 (City) (Zip code)

2023 FEB 13 PM 3:03
FILED

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.

[Handwritten signature]

(Registered agent's signature)

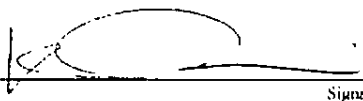
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Kathryn M. Powalski	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 5605 Mauna Loa Blvd	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Unit 108	<input type="checkbox"/> Authorized	_____
Person	Sarasota, FL 34240	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 _____
<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.



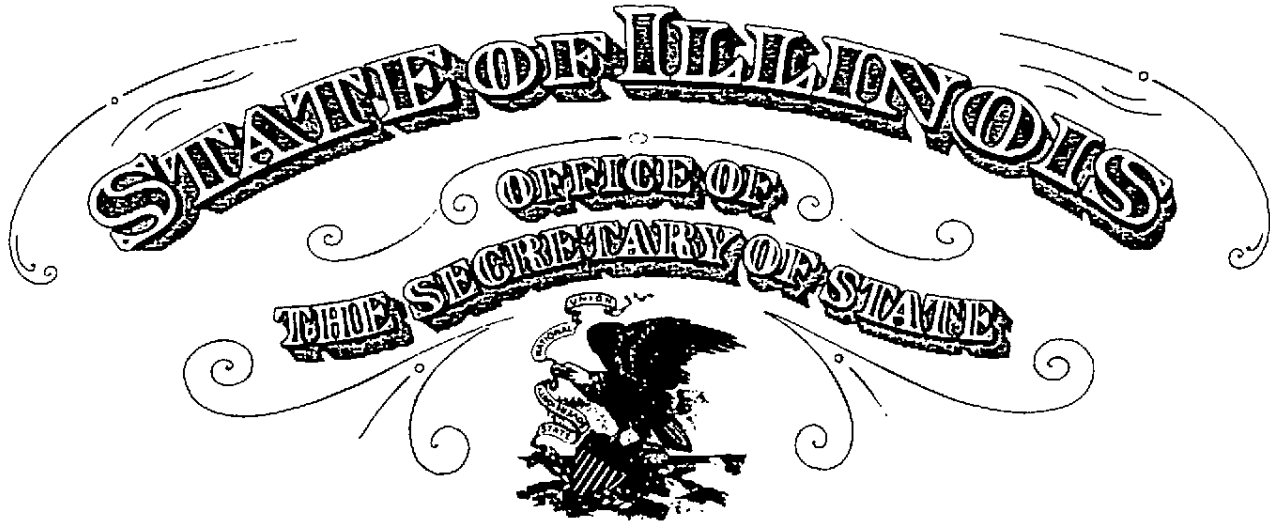
Signature of an authorized person

Kathryn M. Powalski

Typed or printed name of signer

File Number

0887859-5



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

VEER CREATIVE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 29, 2020, 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.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of JANUARY A.D. 2023 .



Authentication #: 2300601350 verifiable until 01/06/2024
Authenticate at: <https://www.ilsos.gov>

Jesse White

SECRETARY OF STATE