

123000002002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

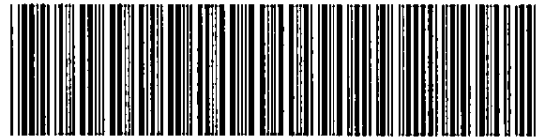
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/27/23--01018--010 \*\*125.00

2023 JAN 27 PM 1:43

FEB 16 2023

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IHM OUTDOORS 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:

Lisa Marino, Licensing

Name of Person

IHM OUTDOORS LLC

Firm/Company

222 Lakeview Avenue, Suite 200

Address

West Palm Beach, FL 33401

City/State and Zip Code

IHLICENSING@IH-CORP.COM

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

For further information concerning this matter, please call:

Lisa Marino

561

246-5188

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. IHM OUTDOORS 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. DELAWARE

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

3. 92-1639468

(FEI number, if applicable)

4. DATE OF THIS FILING

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

5. 222 Lakeview Avenue, Suite 200

(Street Address of Principal Office)

6. 222 Lakeview Avenue, Suite 200

(Mailing Address)

West Palm Beach, FL 33401

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(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.*

By: 

(Registered agent's signature)

2008 JAN 27 PM 1:43

FILED

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:**

☐ Manager Name: Island Hospitality Joint Venture

☒ Member Address: 222 Lakeview Ave, #200

☐ Authorized West Palm Beach, FL 33401

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Gregg Forde

☐ Member Address: 222 Lakeview Ave, #200

☐ Authorized West Palm Beach, FL 33401

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: Tonya Moore

☐ Member Address: 222 Lakeview Ave, #200

☐ Authorized West Palm Beach, FL 33401

Person \_\_\_\_\_

☒ Other VP ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Michelle Marlowe

☐ Member Address: 222 Lakeview Ave, #200

☐ Authorized West Palm Beach, FL 33401

Person \_\_\_\_\_

☒ Other VP ☐ 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

MICHELLE MARLOWE

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "IHM OUTDOORS 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 TWENTY-FIFTH DAY OF JANUARY, A.D. 2023.

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



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7200761 8300

SR# 20230251375

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202571073

Date: 01-25-23

**Solomon, Melanie**

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**From:** RegistrationsCorpHelp <RegistrationsCorpHelp@Dos.myflorida.com>  
**Sent:** Thursday, January 26, 2023 11:18 AM  
**To:** Licensing and Permits; RegistrationsCorpHelp  
**Subject:** RE: LLC Tracking# 700401405127

This is not a foreign filing. You filed for a Florida LLC.

Will reject to you and respond to that e-mail asking for a refund.

Here is the form for a foreign LLC, you have to mail this in, just  
fyi: <https://files.floridados.gov/media/702554/cr2e027.pdf>

**From:** Licensing and Permits <ihlicensing@ih-corp.com>  
**Sent:** Wednesday, January 25, 2023 6:48 PM  
**To:** RegistrationsCorpHelp <RegistrationsCorpHelp@Dos.myflorida.com>  
**Cc:** Licensing and Permits <ihlicensing@ih-corp.com>  
**Subject:** LLC Tracking# 700401405127

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**EMAIL RECEIVED FROM EXTERNAL SOURCE**

The attachments/links in this message have been scanned by Proofpoint.

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Good morning,

Can you help me confirm that I filed the below request correctly?

I was supposed to be registering a foreign limited liability company, IHM OUTDOORS LLC.

During the e-filing process, I was never asked to provide my Delaware Certificate of Good Standing and the receipt does not indicate Foreign Limited Liability Company.

This is a new position for me and your guidance is appreciated. If I did file incorrectly, I may need your direction to make the correction.

I look forward to connecting with you,

*Lisa Marino*

Lisa Marino, License & Permit Specialist

[Imarino@ih-corp.com](mailto:Imarino@ih-corp.com)

[ihlicensing@ih-corp.com](mailto:ihlicensing@ih-corp.com)

**Island Hospitality Management**

222 Lakeview Avenue, Suite 200

West Palm Beach, FL 33401

(561) 246-5188 *tele*

(561) 650-0999 *fax*

