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S. FRANKLIN FEB **1 6** 2023

COVER LETTER

TO: **Registration Section Division of Corporations**

Sunset Vista Retreat LLC

SUBJECT:

For further

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:

Elizabeth Roach			
Na	ame of Person		-
Sunset Vista Retreat LLC			
Fi	rm/Company		-
670 Ives Road			
	Address		_
East Greenwich, RI 02818			
	tate and Zip Code		- 51
theodicy@aol.com			
E-mail address: (to be used	l for future annual r	eport notification)	_
her information concerning this matter, please call:			,
Elizabeth Roach	401 at (864-1622	
Name of Contact Person	Area Code	Daytime Telephone Number	-
Mailing Address:	Street Address:		
Registration Section	Registration Sec		
Division of Corporations P.O. Box 6327	Division of Corporations		
	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART S125.00 Filing Fee S130.00 Filing Fee & Certificate of Star	🔲 \$155.00 Filin	ng Fee & 🛛 🗆 \$160.00 Filing Fee	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS **IN FLORIDA**

N 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:

(Name of Foreign	Limited Liability Company; must include "Limited L	ability Company," "L.L.C.," or "L	10.7)
	· · · · · · · · · · · · · · · · · · ·		tert I blier Commercy " "I I C " or "III
e unavailable, concratieronie o	ame adopted for the purpose of transacting business in Flori	ta. The alternate name must include "Li.	nuites Leability Company, Line, of Lo
ode Island		92-1538056	
urindiction under the law of w	hich foreign limited liability company is organized)	3 (F	El number, il applicable)
o Business has begun	1		
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	station.)	
	(Sec sections 605.0904 & 605.0905, F.S. to determine	penalty liability)	
70 Ives Road		same	
Address of Principal Office)		6(Mailing Address)	
ast Greenwich, RI 02	818		
			23
			27
	CDL its sectored egents (BO Boy	NOT accentable)	
ame and street addres	ss of Florida registered agent: (P.O. Box]		
			<u>.</u>
	Dave Riby- Vacation Villas 400		Ŷ.
Name:			
	1411 Lexington Avenue		
Office Address:			
	'Doursement	3383	37
	Davenport	, Florida	
	(City)	(2)	ip code)

legistered agent's acceptance: Faving been named as registered agent and to accept service of process for the above stated limited liability company at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree o 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.

D. Puly MANAGR (Registered agent's signature)

i.

L

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:	Manager	Paul Dickinson Name:
■Member	Address:	Member	Address:
Authorized	East Greenwich, RI 02818	Authorized	East Greenwich, RI 02818
Person		Person	
Other	Other	DOther	Other
Manager	Dave Riby Name:	🖹 Manager	Name: Liz Riby
□Member	Address:	□Member	Address:
□Authorized	Davenport, FL 33837	Authorized	Davenport, FL 33837
Person		Person	
⊡Other	Other	Other	Other
			~ `
□Manager	Name:	□Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	·
Person		Person	··· ···
Other	Other	DOther	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.

SPA	
Signatur	of an authorized person
Elizabeth Roach	

Typed or printed name of signee



State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

Sunset Vista Retreat, LLC

is a Rhode Island Limited Liability Company organized on **January 04, 2022.** I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

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January 25, 2023

Streng M. Church

Secretary of State



Certificate Number: 23010090270 Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx Processed by: dantonelli