

M 23000003143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

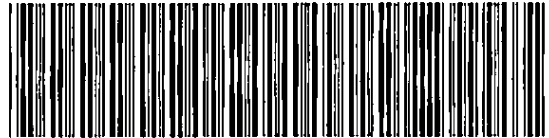
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000402096940

00/21/30 -01/19-015 *125.00

2023-01-04 14:03

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Covenant Capital Holdings, 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:

William LaPrise

Name of Person

Covenant Capital Holdings, LLC

Firm/Company

17 Creekside Lane

Address

Sheridan, WY 82801

City/State and Zip Code

wlaprisc@gmail.com

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

For further information concerning this matter, please call:

William LaPrise

307

210-8998

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. Covenant Capital Holdings, 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. WY 3. 81-1074589
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/26/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 17 Creekside Lane 6. 5753 Hwy 85 N, PMB 7833
(Street Address of Principal Office) (Mailing Address)
Sheridan, WY 82801 Crestview, FL 32536

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

Name: Darren J. Mills
Office Address: 1100 5th Avenue South, Suite 410
Naples, Florida 34102
(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.


(Registered agent's signature)

2023 FEB 21 PM 4:08

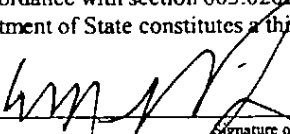
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: William LaPrise	<input checked="" type="checkbox"/> Manager	Name: Cynthia LaPrise
<input type="checkbox"/> Member	Address: 17 Creekside Lane	<input type="checkbox"/> Member	Address: 17 Creekside Lane
<input type="checkbox"/> Authorized	Sheridan, WY 82801	<input type="checkbox"/> Authorized	Sheridan, WY 82801
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Pacific Premier Trust	<input type="checkbox"/> Manager	Name: William LaPrise
<input checked="" type="checkbox"/> Member	Address: 13118 IL Route 176	<input checked="" type="checkbox"/> Member	Address: 17 Creekside Lane
<input type="checkbox"/> Authorized	Woodstock, IL 60098	<input type="checkbox"/> Authorized	Sheridan, WY 82801
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

William LaPrise

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Covenant Capital Holdings, LLC

is a

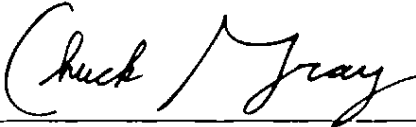
Limited Liability Company

did on **April 14, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001103543**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of February, 2023 at 8:47 AM. This certificate is assigned ID Number 058432832.




Secretary of State



Kelleher + Holland, LLC
ATTORNEYS AT LAW
A LIMITED LIABILITY COMPANY INCLUDING PROFESSIONAL CORPORATIONS

February 14, 2023

USPS TRACKING # **9114 9022 0078 9389 6216 47**
& CUSTOMER RECEIPT For Tracking or inquiries go to USPS.com
or call 1-800-222-1811.

Via 1st Class Mail:

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Application to register Covenant Capital Holdings, LLC to transact business in FL

To whom it may concern:

Enclosed please find an Application of Capital Holdings, LLC, a Wyoming limited liability company, to transact business in Florida. Enclosures include a Cover Letter, a Certificate of Existence issued by the State of Wyoming Secretary of State dated 2/10/2023 and a check for \$125, which includes the filing fee for the application along with a fee for designation of a registered agent.

Please let me know if there's anything else that is needed. My full contact information is listed below. I appreciate your time and consideration.

Sincerely,

Kate Wojtowicz

Paralegal

DIRECT (847) 713-1349

OFFICE (847) 382-9195

FAX (847) 382-9125

EMAIL kwojtowicz@kelleherholland.com

WEB www.kelleherholland.com