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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
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K. Brumbley



February 25, 2023

ANDY KRESSIN 2840 PICTOR ST. LOVELAND, CO 80537

SUBJECT: BRANTLEY & KRESSIN VACATION RENTALS, LLC

Ref. Number: W23000026251

We have received your document for BRANTLEY & KRESSIN VACATION RENTALS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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: 523A00004537



COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJI	Brantley & Kressin Vacation	Rentals							
	Name of Limited Liability Company								
		ited Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida.							
Please	return all correspondence concerning	g this matter to the following:							
	Andy Kressin								
		Name of Person							
Brantley & Kressin Vacation Rentals									
	Firm/Company								
		Address							
Loveland/CO 80537									
	City/State and Zip Code								
akressin90@gmail.com									
E-mail address: (to be used for future annual report notification)									
For fur	ther information concerning this mat	tter, please call:							
Andy Kressin		920 843-2268 at ()							
	Name of Contact								
Mailing Address: Registration Section		Street Address: Registration Section							
Division of Corporations		Division of Corporations							
P.O. Box 6327		The Centre of Tallahassee							
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
		ing amount: ORIDA DEPARTMENT OF STATE 0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C	C.," or "LLC.")		
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate name must in	nclude "Limited Liabili	ity Company," "L.L.	.C," or "LL.C.")
Georgia 2.	hich foreign limited liability company is organized)	3	(FEI number, i		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, i	f applicable)	
1	(Date first transacted business in Florida, if prior to	registration.)		<u> </u>	
0341 011 4	(See sections 605,0904 & 605,0905, F.S. to determi	ne penany nability)			
9341 Olive Ave		2840 Pictor St 6. (Mailing Addr	rece)		
Port St Joe, FL		Loveland, CO			
32456		80537			
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		2020311830	9099 # F P
Name:	Andy Kressin				5 = <u>2</u>
Office Address:	9341 Olive Ave				I I
	Port St Joe	, Florida		· ;	6
	(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)

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: Andy Kressin	□Manager	Name: John Brantley
□Member	Address: 2840 Pictor St	■Member	Address: PO Box 1258
Authorized	Loveland, CO 80537	□Authorized	Watkinsville, GA 30677
Person		Person	
□Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
_			
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□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

A noty Kressin

Typed or printed name of signee

Control Number: 22019954

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Brantley & Kressin Vacation Rentals, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number 24707763
Date Inc/Auth/Filed 01/22/2022
Jurisdiction Georgia
Print Date 03/08/2023
Form Number 211



Brad Raffangerger

Brad Raffensperger Secretary of State