

MA230000003441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

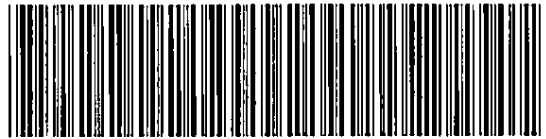
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100402890261

000000-0000-0000-0000-0000

US  
3/19/23



## **BRICK BUSINESS LAW, P.A.**

**FLORIDA LITIGATION AND COUNSEL**

**Main Office Address:**

Brick Business Law, PA  
3413 W Fletcher Ave  
Tampa, FL 33618

**Website:**

BrickBusinessLaw.com

**Phone Numbers:**

813-816-1816 (o)  
813-544-6277 (d)  
813-692-1982 (f)

**Email:**

Danielle.Peynado  
@BrickBusinessLaw.com

Kevin G Brick, Esq.\*  
John S. Koda, Esq.  
Joseph Kennett, Esq.

Jocelyn C. Smith, Esq.  
Scott W. Miller, Esq.  
Krishna Vasudevan, Esq.

\*B.C.S. Business Litigation

February 17, 2023

**VIA PRIORITY MAIL:**

**9405 5036 9930 0482 6316 92**

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

**RE: CALADESI HOLDINGS, LLC**  
**Application by Foreign Limited Liability Company for**  
**Authorization to Transact Business in Florida**

Dear Sir/Madam:

Please find enclosed the following documents in connection with the aforementioned:

- Cover Letter;
- Completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- Delaware Certificate of Good Standing; and
- Check #681 in the amount of \$125.00.

We would be grateful if you could process the enclosed Application. Should you have any questions or need anything else in the meantime, please contact me via email at [danielle.peynado@brickbusinesslaw.com](mailto:danielle.peynado@brickbusinesslaw.com) or by phone at 813-816-1816.

Sincerely,

Danielle Peynado  
Paralegal

Encls.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CALADESI 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:

DANIELLE PEYNADO

\_\_\_\_\_  
Name of Person

BRICK BUSINESS LAW, P.A.

\_\_\_\_\_  
Firm/Company

3413 W FLETCHER AVE

\_\_\_\_\_  
Address

TAMPA, FLORIDA 33618

\_\_\_\_\_  
City/State and Zip Code

DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM

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

For further information concerning this matter, please call:

DANIELLE PEYNADO

813 816-1816  
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. CALADESI 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. DELAWARE 3. 92-2364872  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 9799 INTERNATIONAL COURT NORTH 6. 8635 W HILLSBOROUGH AVE  
(Street Address of Principal Office) (Mailing Address)

ST. PETERSBURG, FLORIDA 33716 MAIL DROP 235  
TAMPA, FLORIDA 33615

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

Name: BRICK BUSINESS LAW, P.A.  
Office Address: 3413 W FLETCHER AVE  
TAMPA 33618  
(City) Florida (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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: JERRY MILLER	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4610 BAY CREST DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	TAMPA, FLORIDA 33615	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other AMBR	<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.

*Jerry Miller*

\_\_\_\_\_  
Signature of an authorized person

JERRY MILLER

\_\_\_\_\_  
Typed or printed name of signer

# Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CALADESI HOLDINGS, 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2023.



7286966 8300

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202715056