

M23000004100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

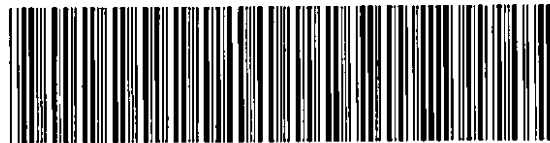
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MD

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/30/2023

Acc#I20160000072

en: c JH

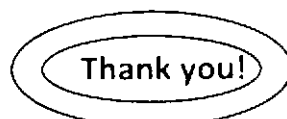
Name:	Sugar Rosa, LLC
Document #:	
Order #:	14794217

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☒	Email Address for Annual Report Notifications:
	Plain: ☐	
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Verifier _____
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Ref# _____

Amount: \$ **155.00**



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Walters Limited Liability Company
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:

Walters Limited Liability Company
Name of Person

Walters Limited Liability Company
Name of Company

12803 Hutton Drive
Address

Walden, Ky 41094
City/State and Zip Code

Walters Limited Liability Company
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Walters Limited Liability Company
Name of Contact Person

at *209* Area Code

209 1000 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:

☒ We make check payable to FLORIDA DEPARTMENT OF STATE

\$125.00 Filing Fee

☐ \$130.00 Filing Fee &

Certificate of Status

☐ \$153.00 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

A COMPANY INCORPORATED UNDER THE LAWS OF THE STATE OF KENTUCKY IS REQUESTING AUTHORITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

Name of Foreign Limited Liability Company: C.T. Corporation System, L.L.C.

State of Kentucky (check one state name adopted for the purpose of transacting business in the State of Florida as a foreign limited liability company) C.T. Corporation System, L.L.C.

Kentucky

(Indicate on back the law of which foreign limited liability company is organized)

(FFI number, if applicable)

4

(Date first transacted business in Florida, if prior to registration)
(See sections 605 (b)(4) & 605 (b)(5) F.S. to determine penalty liability)

16802 Hillman Dr
(Street Address of Principal Office)

16802 Hillman Dr
(Mailing Address)

William J. Kelly

William J. Kelly

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

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.

C.T. Corporation System

By:

(Registered agent's signature)

Rachel O'Connor

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MAR 30 2023

Title or Capacity:		Name and Address:		Title or Capacity:		Name and Address:	
☒ Manager	Name: _____	☒ Manager	Name: _____	☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____	☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized Person	_____	☐ Authorized Person	_____	☐ Authorized Person	_____
☐ Other _____	Other _____	☐ Other _____	Other _____	☐ Other _____	Other _____	☐ Other _____	Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____	☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____	☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized Person	_____	☐ Authorized Person	_____	☐ Authorized Person	_____
☐ Other _____	Other _____	☐ Other _____	Other _____	☐ Other _____	Other _____	☐ Other _____	Other _____

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)

Suzette Reinhardt
Signature of an authorized person

Suzette Reinhardt
Typed or printed name of signer

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 287611

Visit <https://web.sos.ky.gov/fts/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Sugar Rosa, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 11, 2022 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 15th day of March, 2023, in the 231st year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
287611/1190295