## M23000004252

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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2023 APR -3 PN 3: 03



YEL 0 4 5053

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 626503 7617888

AUTHORIZATION :

COST LIMIT : \$\text{125.00}

ORDER DATE: March 31, 2023

ORDER TIME : 9:45 AM

ORDER NO. : 626503-210

CUSTOMER NO: 7617888

\_\_\_\_\_

## FOREIGN FILINGS

NAME: LEHIGH ACRES AL, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## **COVER LETTER**

.

	Registration Section Division of Corporations	
SUBJEC	Lehigh Acres AL, LLC	
CODOD		Name of Limited Liability Company
		ility Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this mat	ter to the following:
		Name of Person
		Firm/Company
		Address
	New York, Ny 10016	
	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notification)
For furth	er information concerning this matter, pleas	e call:
		at () Area Code Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section
		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   \$125.00 Filing Fee	DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 0/5/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lebiob Acres Al. 111 C.

Lehigh Acres AL, LL						
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability (	Company," "L.L.C.," or "LLC")	<u> </u>		_
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The al	ternate name must include "Limited Liability Co	ompany," "L l	L.C," or	 "L1.C.")
Delaware 2.		2				
(Jurisdiction under the law of v	which foreign limited liability company is organized)	٥	(FEI number, if app	licable)		-
4						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to detern	registration ) ine penalty hi	ability)			
600 Third Avenue, 2			600 Third Avenue, 21st Floor			
5. (Street Address of Principal Office)		6	(Mailing Address)			_
New York, NY 1001	6	1	lew York, NY 10016			
		_				_
	· · · · · · · · · · · · · · · · · · ·	-	<del></del>	<del>-</del>	201	<del>-</del>
7 Name and street addre	ss of Florida registered agent: (P.O. Box	: NOT ac	centable)		3 APR	2.
	<u></u> (	. <u></u>		•	ر ا س	= <u>21</u> %
.,	Corporation Service Company				P	€ .
Name:	· · · · · · · · · · · · · · · · · · ·			**	بن	:
Office Address:	1201 Hays Street			•	3: 03	
	Tallahassee		32301			
	(City)		, Florida(Zip code)			
designated in this applicate to comply with the provis	egistered agent and to accept service of parties, ition, I hereby accept the appointment a ions of all statutes relative to the proper as of my position as registered agent.	s register and com	ed agent and agree to act in this	capacity.	I furt	her agree
	(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: Jason Servicing, LLC Name: □Manager Name: \_\_\_\_\_ ■Manager 600 Third Avenue □Member □ Member Address: 21st Floor ☐ Authorized ☐ Authorized New York, NY 10016 Person Person □Other\_\_\_\_\_ □Other \_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Manager □Manager □Member Address: \_\_\_\_\_ □Member Address: \_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Manager Name: □Manager Name: \_\_\_\_\_\_ □Member Address: Address: □Member □ 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. Nonindexed 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. Tonia Gounus Signature of an authorized person Tonia Younus

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEHIGH ACRES AL, 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 THIRTY-FIRST DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEHIGH ACRES AL, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203051004

Date: 03-31-23