

M23000004632

(Requestor's Name)

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(Business Entity Name)

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W23-45713

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2023 APR 10 AM 10:09

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APR 10 2023
K. Brumblay



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2023

CAPITAL CONNECTION

SUBJECT: A SUMMER REAL ESTATE, LLC
Ref. Number: W23000045713

We have received your document for A SUMMER REAL ESTATE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name listed is not available. the letter "A" is not distinguishable..

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) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 223A00007664

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F. J. MASSIE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALYSSA SUMMER REAL ESTATE, LLC

Please Debit I20000000257 For: 763.75

Thank you Seth Neeley



Signature

Requested by: SETH 04/04/23

Name Date Time

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1111 Pender's Printing • Tallahassee, FL 32301

Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
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Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
Cert. Copy
Photo Copy
Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval
Courier

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

Summer Real Estate, LLC

1. _____
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

Alyssa Summer Real Estate, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

Georgia

85-3777-465

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(DIT number, if applicable)

August 24, 2022

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.001 & 605.003, F.S. to determine penalty liability)

Alyssa Summer

Alyssa Summer

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

418 White Heron Drive

418 White Heron Drive

Santa Rosa Beach, FL 32459

Santa Rosa Beach, FL 32459

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

Name: Alyssa Summer

Office Address: 418 White Heron Drive

Santa Rosa Beach, FL 32459

32459

_____, Florida _____
(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 APR 10 AM 10:09

FILED


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: Alyssa Summer	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4401 Northside Parkway NW	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Ste 250	<input type="checkbox"/> Authorized	_____
Person	Atlanta, GA 30327	Person	_____
<input checked="" 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.


Signature of an authorized person

Alyssa Summer

Typed or printed name of signer

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

SUMMER REAL ESTATE 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 : 25071131
Date Inc/Auth/Filed: 10/30/2020
Jurisdiction : Georgia
Print Date : 04/03/2023
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State