

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
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Foreign Limited Liability Company
REALCHEEKY, LLC

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

Help

S. ROBERTS

APR 11 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REALCHEEKY, 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:

Lovette Dobson

Name of Person

Firm/Company

17350 State Hwy 249, #220

Address

Houston, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

Lovette Dobson

Name of Contact Person

at (1)

Area Code

888-462-3453

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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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**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. REALCHEEKY, 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. _____
(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. 10810 Boyette Rd Suite 1961 6. 10810 Boyette Rd Suite 1961
(Street Address of Principal Office) (Mailing Address)

Riverview, FL 33568 Riverview, FL 33568
2/23/23

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

Name: REPUBLIC REGISTERED AGENT LLC

Office Address: 1150 Nw 72nd Ave Tower I Ste 455

Miami, Florida 33126
(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.

Wesley Dolan
(Registered agent's signature)

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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: <u>Maureen Kiely</u>	<input type="checkbox"/> Manager	Name: <u>John Kiely</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>5030 Ruby Flats Drive</u>	<input type="checkbox"/> Authorized	<u>5030 Ruby Flats Drive</u>
Person	<u>Wimauma, FL 33598</u>	Person	<u>Wimauma, FL 33598</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>John Short</u>	 <input type="checkbox"/> Manager	Name: <u>Doug Weaver</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>7 Glen Lake Drive</u>	<input type="checkbox"/> Authorized	<u>2900 Ransford Ave</u>
Person	<u>Pacific Grove, CA 93950</u>	Person	<u>Pacific Grove, CA 93950</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>James Kiely</u>	 <input type="checkbox"/> Manager	Name: <u>Martin Liberal</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>5600 Golden Bear Dr</u>	<input type="checkbox"/> Authorized	<u>2470 E. Woods End Ct</u>
Person	<u>Overland Park, KS 66223</u>	Person	<u>Boise, ID 83706</u>
<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.

Maureen Kiely
Signature of an authorized person

Maureen Kiely

Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REALCHEEKY, 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 SIXTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REALCHEEKY, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2018.

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



7197330 8300

SR# 20231330128

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203093757

Date: 04-06-23

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