

M230000/0210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

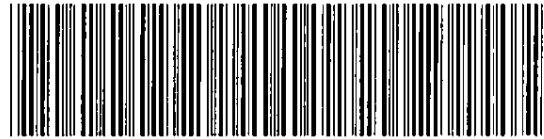
(Business Entity Name)

(Document Number)

Certific Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FL

115

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Four Hounds Property Group 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:

Kaitlin Lavorgna

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

Four Hounds Property Group LLC

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

PO Box 315

\_\_\_\_\_  
Address

Colchester, VT 05446

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

kaitlin@fourhoundsproperty.com

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

For further information concerning this matter, please call:

Kaitlin Lavorgna

802

735-7131

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

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]:

i

**Title or Capacity:** **Name and Address:**  
☐ Manager Name: TAYLOR CONGLETON  
☒ Member Address: 74 COLLINS FARM RD  
COLCHESTER, VT 05446  
☐ Authorized  
Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized  
Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized  
Person  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**  
☒ Manager Name: KAITLIN LAVORGNA  
☐ Member Address: 30 FOOTHILLS DR  
JERICHO, VT, 05456  
☐ Authorized  
Person  
☐ Other ☐ Other

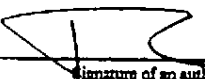
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized  
Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized  
Person  
☐ Other ☐ 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  
Taylor Congleton  
\_\_\_\_\_  
Typed or printed name of signer

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Sarah Copeland Hanzas, Vermont Secretary of State, do hereby certify that according to the records of this office

FOUR HOUNDS PROPERTY GROUP LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Apr 01, 2021.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

July 28, 2023

Given under my hand and seal of office, at Montpelier, the State Capital.



A handwritten signature in black ink, appearing to read "Sarah Copeland Hanzas".

Sarah Copeland Hanzas  
Vermont Secretary of State

Business ID: 0386975  
Certificate Number: 2014125895001