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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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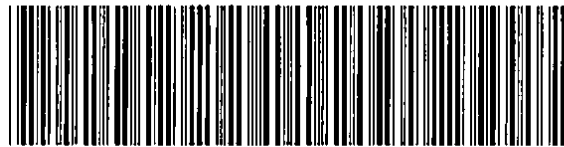
(Business Entity Name)

(Document Number)

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SEARLES, SHEPPARD & GORNITSKY, PLLC

SARASOTA OFFICE
1819 Main Street
Suite 603
Sarasota, FL 34236

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August 1, 2023

Sent Via U.S. Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: RAVELLO PROPERTIES, LLC

Dear Madam or Sir:

Enclosed are the following:

1. Cover Letter;
2. Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Certificate of Good Standing; and
4. Check made payable to the Florida Department of State in the amount of \$125.00.

If you have any questions, please contact our office at (941) 417-0096.

Sincerely,

SEARLES & GORNITSKY
A PROFESSIONAL LIMITED LIABILITY CORPORATION

Kathryn Sroka
Account and Finance Manager

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAVELLO PROPERTIES, 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:

MARTI MORENINGS

Name of Person

Firm/Company

7277 Clamsshell Lane

Address

Naples, FL 34114

City/State and Zip Code

Marti@UniversalCompanies.com; kat@sbg.law

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

For further information concerning this matter, please call:

MARTI MORENINGS

423

646-9972

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

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. RAVELLO PROPERTIES, 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. Wyoming 3. 88-2072102
(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. 1819 Main St., Suite 603 6. 8861 Ravello Ct.
(Street Address of Principal Office) (Mailing Address)

Sarasota, FL 34236 Naples, FL 34114

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

Name: Searles & Gornitsky, PLLC
Office Address: 1819 Main St., Suite 603
Sarasota, Florida 34236
(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.

John R. Searles
(Registered agent's signature)
as Shareholder of Searles & Gornitsky

SECTION 605.0902, FLORIDA STATUTES
TELLMANSSEE, FL

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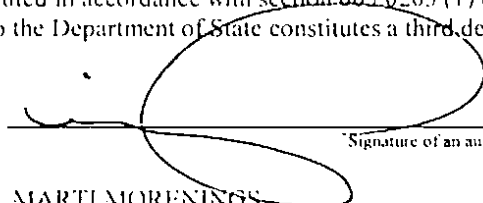
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: MARTI MORENINGS	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 7277 Clamshell Lane	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Naples, FL 34114	<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 _____
 <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
 MARTI MORENINGS

 Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

RAVELLO PROPERTIES, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 11, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001101895**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 12th day of June, 2023 at 11:10 AM. This certificate is assigned ID Number 062087523.



A handwritten signature in black ink that reads "Chuck Gray". The signature is written in a cursive style and is positioned above a horizontal line.

Secretary of State