

M23000011188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

07/06/23--01033--004 **130.00

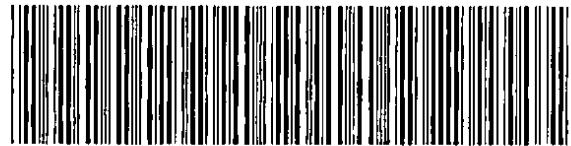
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only

W23-99082



700411672667

2023 AUG 28 AM 11:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

F I L E D



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2023

MICHAEL GOYETTE
602 CORAL AVE
MANCHESTER, NH 03104 US

SUBJECT: ANCHORS AND BUOYS VACATION RENTALS LLC
Ref. Number: W23000099082

Officers and/or directors should be updated when filing the annual report, or amended annual report. In the event it is too soon to file an annual report, please submit an Affidavit signed by an officer or director listing the titles, names and address of the officers and/or directors.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 823A00016098

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Anchors and Buoys Vacation Rentals 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:

Michael Goyette

Name of Person

Anchors and Buoys Vacation Rentals LLC
Firm/Company

Firm/Company

602 Coral Ave

Address

Manchester, N.H. 03104

City/State and Zip Code

Petesguntackle @ Comcast. Net

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

For further information concerning this matter, please call:

Michael Goulette

Name of Contact Person

at (603 , 566-1051)

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
of Status Certificate of Status Certified Copy 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. Anchors and Buoys Vacation Rentals LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "L.L.C.")

(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. New Hampshire

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

3. _____
(FBI number, if applicable)

4. July 15, 2023

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 609 Coral Ave

(Street Address of Principal Office)

6. _____
(Mailing Address)

Manchester, NH 03104

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

Name:

Michael Goyette

Office Address:

2905 SW 29th Ave

Cape Coral

(City)

Florida 33914

(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.

Mark Goyette

(Registered agent's signature)

2023 AUG 28 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FL

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 checked="" type="checkbox"/> Manager	Name: <u>Michael Goyette</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>602 Coral Ave</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>manchester, NH. 03104</u>	<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.

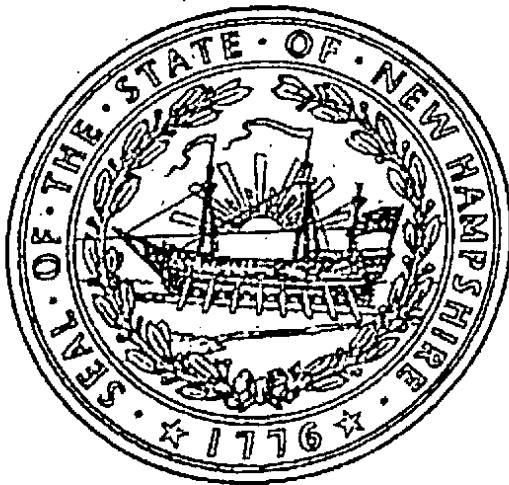
Michael Goyette
Signature of an authorized person
Michael Goyette
Typed or printed name of signer

State of New Hampshire
Department of State

**CERTIFICATE OF EXISTENCE
OF
ANCHORS AND BUOYS VACATION RENTALS LLC**

This is to certify that **ANCHORS AND BUOYS VACATION RENTALS LLC** is registered in this office as a **New Hampshire Limited Liability Company** to transact business in New Hampshire on **6/21/2023 12:31:00 PM**.

Business ID: **935220**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire;
this 21st day of June A.D. 2023

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State