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2023 SEP 18 PM 3:41

6:43:30

Beers|Mallers, LLP

ATTORNEYS AT LAW

Kurt R. Bachman
E-mail: krbachman@beersmallers.com
LaGrange Office

September 13, 2023

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

RE: Lillybee Florida, LLC

Dear Sir/Madam:

Enclosed please find a fully executed Cover Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above-referenced entity for your further handling. In accord with the instructions therein, I have also enclosed a Certificate of Existence issued by the Indiana Secretary of State Office, along with a check in the amount of \$125.00 representing the required filing fee. Please show the same filed and issued a letter of acknowledgement at your earliest convenience.

If you require any additional information or have any questions, please do not hesitate to contact me.

Sincerely,

BEERS MALLERS, LLP



Kurt R. Bachman

KRB/ch

3CN5299
Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LILLYBEE FLORIDA, 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:

BARBEL BONTRAGER

Name of Person

LILLYBEE FLORIDA, LLC

Firm/Company

290 W 590 S

Address

WOLCOTTVILLE, IN 46795

City/State and Zip Code

lbrental@yahoo.com

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

For further information concerning this matter, please call:

BARBEL BONTRAGER

260

350-1088

Name of Contact Person

at (_____) _____

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. LILLYBEE FLORIDA, 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. INDIANA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 290 W. 590 S. 6. 290 W. 590 S.
(Street Address of Principal Office) (Mailing Address)

WOLCOTTVILLE, INDIANA 46795

WOLCOTTVILLE, INDIANA 46795

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

Name: MONICA MCCARTHY

Office Address: 107 QUAIL HOLLOW CT.

NAPLES , Florida 34113
(City) (Zip code)

2023 SEP 18 PM 3:41

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.

Monica W. McCarthy

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: BARBEL BONTRAGER

☒ Member Address: 290 W 590 S

☐ Authorized WOLCOTTVILLE, IN 46795

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: LARRY BONTRAGER

☒ Member Address: 290 W 590 S

☐ Authorized WOLCOTTVILLE, IN 46795

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

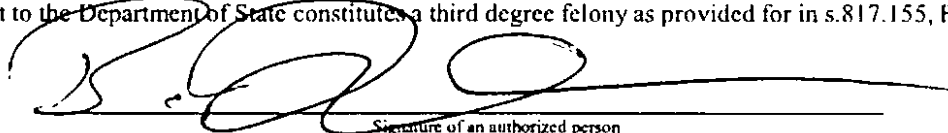
Person _____

☐ 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

BARBEL BONTRAGER, MANAGER

Typed or printed name of signer

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

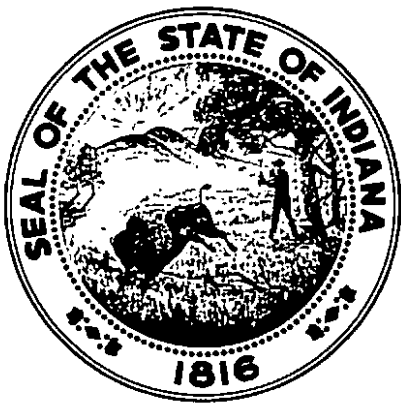
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

LILLYBEE FLORIDA, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 10, 2023, and was in existence or authorized to transact business in the State of Indiana on September 13, 2023.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 13, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202307101706227 / 20233369697

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on October 13, 2023.