# M23000013440

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W23000137905					

Office Use Only



700416418157

10/02/23--01036--012 \*\*160.00

2023 OCT -2 AH 10: 47

### COVER LETTER

	Division of Corporations						
SUBJ	Leanne Seguin LLC ECT:						
	Na	ime of Limited Liability Company					
		y Company for Authorization to Transact Business in Florida," Certificate over referenced foreign limited liability company to transact business in Florid					
Please	return all correspondence concerning this matter	r to the following:					
	Judy Leanne Seguin						
		Name of Person					
	Leanne Seguin LLC						
	Firm/Company						
	19347 US HWY 19 N, APT. 112						
		Address					
	Clearwater, FL 33764						
	City/State and Zip Code						
	leanne855@gmail.com						
	E-mail address: (to	be used for future annual report notification)					
For fu	rther information concerning this matter, please of	call:					
	Leanne Seguin	970 657-0094 at ()					
	Name of Contact Person	at ()					
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					
						rananassee, 112 52514	Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI ☐ \$125.00 Filing Fee ☐ \$130.00 Filing I Certificate	EPARTMENT OF STATE					

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE 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:

Leanne Seguin LLC				
(Name of Foreign	Limited Liability Company; must include "Limito	d Liabilii	ty Company," "L.L.C.," or "L.L.C.")	
F				
	cause adopted for the purpose of transacting business in Fl	lorida The	calternate name must include "Limited Liability Company," "L L.C	," or "I.I.C ")
Colorado L		3.		
(Jurisdiction under the law of w	high foreign limited hability company is organized)		(FEI number, if applicable)	
October 1st, 2023				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registratio ine penalty	on ) ( hability )	
109 Coronado Court			1027 Blue Spruce Drive	
treet Address of Principal Office)		U.	(Mailing Address)	
Building 7				
Fort Collins, CO 80525			Loveland, CO 80538	
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	<u>NQT</u>	acceptable)	<b>——</b>
			1023 1003 1003 1003 1003 1003 1003 1003	
Name:	Judy Leanne Seguin		2023 OCT -	-
1.447.6.		-		E-MARIES (*1129)
Office Address:	19347 US HWY 19 N. Apt. 112 Office Address:		• •	
	Clearater		33764 55 , Florida	trans.
			, Florida	
	(Circ)		(Zin 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.

J. Jeanne Dean

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:	Title or Capacity:	Name and Address:
■Manager	Name:Name Seguin	□Manager	Name:
□Member	Address:	□Member	Address:
□ Authorized	Apt. 112	□Authorized	
Person	Clearwater, FL 33764	Person	
□Other	Other	ElOther	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□ Other	Other	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 filling 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.

Judy Leanne Seguin

Typed or printed name of signee



## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Leanne Seguin, LLC

#### is a

### Limited Liability Company

formed or registered on 04/19/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131239780.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/12/2023 that have been posted, and by documents delivered to this office electronically through 10/16/2023 @ 08:47:47.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver. Colorado on 10/16/2023 @ 08:47:47 in accordance with applicable law. This certificate is assigned Confirmation Number 15402961.



Secretary of State of the State of Colorado

End of Certificate