

M23000015767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

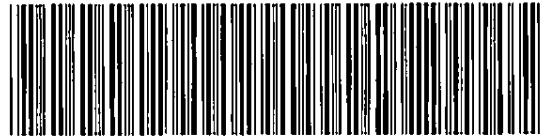
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/27/23--01053--009 \*\*125.00

2023 NOV 27 PM 4:43

## **Application by Eveready Development, LLC -- a Foreign LLC -- to do business in Florida**

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**To: Company:** Florida Dept of State

**Business Tel #:** (850) 245-6052

**Web Page:** <https://www.sunbiz.org>

**Date of mailing: 11/21/2023 – Req'd for filing NYS LLC in Florida:**

1. Application by Foreign LLC for authorization to transact business in Florida -- 3 pages
2. Certificate of Status / Good Standing -- 2 pages
3. Money Order in the amount of \$125 - Please make payable to: FLORIDA DEPARTMENT OF STATE
4. Mail to Florida Dept of State --  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Eveready Development, 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:

Everard Campbell

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

Eveready Development, LLC

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

19801 SW 110 Court, Suite 319

\_\_\_\_\_  
Address

Miami, FL 33157

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

evereadyhomes@msn.com

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

For further information concerning this matter, please call:

Everard Campbell

646

385-9789

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

n/a

(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. NY 22-3899213  
(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. 19801 SW 110 Court  
(Street Address of Principal Office)

6. 19801 SW 110 Court  
(Mailing Address)

Suite 319

Suite 319

Miami, FL 33157

Miami, FL 33157

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

Name: Everard Campbell

Office Address: 19801 SW 110 Ct., Suite 319

Miami, \_\_\_\_\_, Florida 33157  
(City) (Zip code)

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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.

Everard Campbell  
(Registered agent's signature)

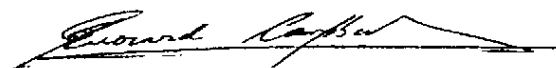
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Everard Campbell	<input type="checkbox"/> Manager	Name: n/a
<input type="checkbox"/> Member	Address: 19801 SW 110 Court	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 319	<input type="checkbox"/> Authorized	_____
Person	Miami, FL 33157	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: n/a	<input type="checkbox"/> Manager	Name: n/a
<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: n/a	<input type="checkbox"/> Manager	Name: n/a
<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

Everard Campbell

**Evereadyhomes@msn.com**

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**From:** noreply@dos.ny.gov  
**Sent:** Thursday, November 16, 2023 3:48 PM  
**To:** evereadyhomes@msn.com  
**Subject:** 3015732 EVEREADY DEVELOPMENT, LLC  
**Attachments:** Copy Request\_Certificate of Status Receipt.pdf; Certificate of Status - Short.pdf

STATE OF NEW YORK  
**DEPARTMENT OF STATE**

ONE COMMERCE PLAZA  
99 WASHINGTON AVENUE  
ALBANY, NY 12231-0001  
WWW.DOS.NY.GOV

KATHY HOCHUL  
GOVERNOR

ROBERT J. RODRIGUEZ  
SECRETARY OF STATE

Your document has been filed by the Department of State.

We have attached the official receipt and related document(s) for the following entity:  
EVEREADY DEVELOPMENT, LLC

If you have any questions please email the Department of State at [corporations@dos.ny.gov](mailto:corporations@dos.ny.gov) or write to the New York Department of State, Division of Corporations, Statement Unit, One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-4

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: EVEREADY DEVELOPMENT, LLC  
DOS ID Number: 3015732  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 02/20/2004  
  
Statement Status: CURRENT  
Statement Due Date: 02/29/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on November 16, 2023 at 11:00 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State