

M24000003403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

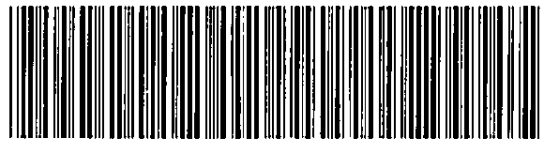
(Document Number)

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

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02/19/24--01004--009 \*\*130.00

FILED  
2024 MAR 18 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2024

ERIC ETZLER  
6985 RECREATION LANE  
ACWORTH, GA 30102 US

SUBJECT: MNT VACATIONS LLC  
Ref. Number: W24000036530

We have received your document for MNT VACATIONS LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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: 824A00004826

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MNT vacations, 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:

ERIC ETZLER  
Name of Person

Firm/Company

6985 Recreation Lane  
Address

Alworth, GA 30102  
City/State and Zip Code

etzlerproperties@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC/Amy Etzler at 937 467-1178  
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. MNT vacations, 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. Georgia LLC  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-2198401  
(FEI number, if applicable)

4. 12/22/23  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6985 Recreation LN  
(Street Address of Principal Office)

Acworth, GA 30102

6. 6985 Recreation LN  
(Mailing Address)

Acworth, GA 30102

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

Name: Raeanna Pitzer

Office Address: 7310 W Hwy 98

Port St Joe, FL 32456  
(City) Florida (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.

Raeanna Pitzer

(Registered agent's signature)

FILED  
2024 MAR 18 AM 8:41  
CLERK OF STATE  
TALLAHASSEE, FL

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:

Rae Anna Pitzer

☐ Member

Address:

4770 Hilltop Dr.

☐ Authorized

Acworth, GA 30101

Person

☐ Other

☐ Other

☐ Manager

Name:

BRIL Etzler

☒ Member

Address:

6965 Recreation Ln

☐ Authorized

Acworth GA 30102

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name:

Amy Etzler

☐ Member

Address:

6965 Recreation Ln

☒ Authorized

Acworth GA 30102

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

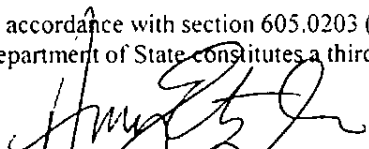
☐ Other

☐ 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

Amy Etzler

Typed or printed name of signer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **MNT Vacations LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26906739  
Date Inc/Auth/Filed: 07/11/2023  
Jurisdiction : Georgia  
Print Date : 03/13/2024  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State