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(Requestor's Name)

(Address)

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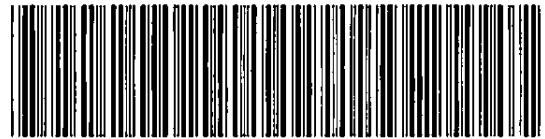
(Business Entity Name)

(Document Number)

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T. LEMIEUX
STATE

T. LEMIEUX
MAR 28 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lono NSB, 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:

Augustin G. Simmons, Esq.

Name of Person

Simmons & Cook, PLLC

Firm/Company

2080 McGregor Blvd., Suite 101

Address

Fort Myers, FL 33901

City/State and Zip Code

Gus@lawswfl.com

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

For further information concerning this matter, please call:

Augustin G. Simmons, Esq.

(239)

204-9376

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

Lono NSB FL, 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. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 37-2025493
(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. 620 Faulkner St.
(Street Address of Principal Office)

6. 136 Sycamore Ct.
(Mailing Address)

New Smyrna Beach, FL 32168

Grapevine, TX 76051

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

Name: Simmons & Cook, PLLC

Office Address: 2080 McGregor Blvd., Suite 101

Fort Myers, FL 33901
(City) Florida (Zip code)

FILED
2014 MAR 19 AM 10:48
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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.

(Registered agent's signature) Augustin Simmons, Esq. 06/0
Simmons & Cook, PLLC

<p><u>Title or Capacity:</u></p> <p><input checked="" type="checkbox"/> Manager Name: <u>Kelly Hearn</u></p> <p><input checked="" type="checkbox"/> Member Address: <u>136 Sycamore Ct.</u></p> <p><input type="checkbox"/> Authorized <u>Grapevine, TX 76051</u></p> <p> <u>Person</u></p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p> <u>Person</u></p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p> <u>Person</u></p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><u>Title or Capacity:</u></p> <p><input checked="" type="checkbox"/> Manager Name: <u>Robert Hearn</u></p> <p><input checked="" type="checkbox"/> Member Address: <u>136 Sycamore Ct.</u></p> <p><input type="checkbox"/> Authorized <u>Grapevine, TX 76051</u></p> <p> <u>Person</u></p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p> <u>Person</u></p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p> <u>Person</u></p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>
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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.

Kelly Hearn & Robert Hearn



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LONO NSB, LLC (file number 805273999), a Domestic Limited Liability Company (LLC), was filed in this office on September 27, 2023.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate ARTEMIS KOUROSH as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

101 MEADOWLARK LANE

SOUTHLAKE, TX - 76092 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 04, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State