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((H240001043073)))



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Foreign Limited Liability Company  
FLORIDA SIMONS VACATION RENTALS 2 LLC

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS AUTHORIZED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. FLORIDA SIMONS VACATION RENTALS 2 LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC")

(During availability, only alternate names eligible for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. LLC

(Indicate whether the foreign limited liability company is organized)

3. \_\_\_\_\_

(If filer is not applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.  
(See Sections 605.002 & 605.003, F.S., to determine penalty liability.)

5. 138 Chipper St

(Street Address of Foreign Office)

6. 10134 Bancesone Blvd

(Mailing Address)

Rosemary Beach, FL 32461

Tomball, TX 77375

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

Name, Rocket Lawyer Corporate Services LLC

Office Address, 155 OFFICE PLAZA DR 1ST FLR

FALLAHASSEE, Florida 32301  
(city) (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.

[Signature]  
(Registered agent's signature)

2024 APR -4 PM 3:02  
SECRETARY OF STATE

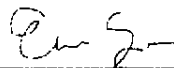
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members-managers or persons authorized to manage (up to six (6) total).

| <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: <u>Erin Simons</u>             | <input checked="" type="checkbox"/> Manager | Name: <u>Jason Simons</u>            |
| <input type="checkbox"/> Member             | Address: _____                       | <input type="checkbox"/> Member             | Address: <u>10134 Banestone Blvd</u> |
| <input type="checkbox"/> Authorized         | <u>10134 Banestone Blvd</u>          | <input type="checkbox"/> Authorized         | <u>Tomball Tx 77375</u>              |
| Person                                      | <u>Tomball, TX 77375</u>             | Person                                      | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager            | Name: _____                          | <input type="checkbox"/> Manager            | Name: _____                          |
| <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: _____                          | <input type="checkbox"/> Manager            | Name: _____                          |
| <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 605.020(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 § 317.155, F.S.



Signature of authorized person

Erin Simons

Typed or printed name of signer

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## 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 Florida Simons Vacation Rentals 2 LLC (file number 804094815), a Domestic Limited Liability Company (LLC), was filed in this office on June 03, 2021.

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

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 18, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State