

M24000004737

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2024

CYNTHIA EDWALD  
150 PILGRIM PARK RD. UNIT 2  
WATERBURY, VT 05676 US

SUBJECT: IT'S GOOD IMPORTS, LLC  
Ref. Number: W24000040927

We have received your document for IT'S GOOD IMPORTS, LLC and check(s) totaling \$125.00. 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: 824A00005481

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: It's Good Imports, 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:

Cynthia Ewald  
Name of Person

It's Good Imports, LLC  
Firm/Company

150 Pilgrim Park Rd. Unit 2  
Address

Waterbury, VT 05676  
City/State and Zip Code

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

For further information concerning this matter, please call:

Cynthia Ewald at ( 802 ) 922-3106  
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. It's Good Imports, 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. Vermont 3. 47-2156092  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2-15-24  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability.)

5. 150 Pilgrim Park Rd. Unit 2 Same  
(Street Address of Principal Office) (Mailing Address)

Waterbury, VT  
05676

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

Name:

Office Address: 6835 S. Conway Rd. Suite 350  
Orlando, Florida 34786  
(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)

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>Cynthia Ewald</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4270 VT Rt. 100</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Waterbury, VT</u>	<input type="checkbox"/> Authorized	_____
Person	<u>05676</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 605.0203 (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.

Cynthia Ewald  
Signature of an authorized person

Cynthia Ewald  
Typed or printed name of sigree

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Sarah Copeland Hanzas, Vermont Secretary of State, do hereby certify that according to the records of this office

IT'S GOOD IMPORTS, LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Oct 22, 2014.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

April 02, 2024

Given under my hand and seal of office, at Montpelier, the State Capital.



A handwritten signature in dark ink, appearing to read "Sarah Copeland Hanzas".

Sarah Copeland Hanzas  
Vermont Secretary of State

Business ID: 0296410  
Certificate Number: 2014233084001