

W240000005305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

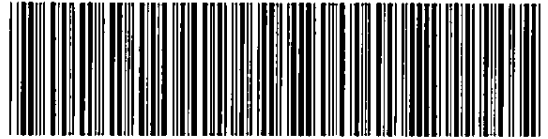
(Document Number)

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W24-53102

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04/23/24--0.004--011 **1055.00

03/26/24--01005--018 **125.00

RECEIVED

MAR 25 2024

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 APR 26 PM 4:47



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2024

CARLY MACMILLAN
1100 MONTEREY BLVD. NE
ST. PETERSBURG, FL 33704 US

SUBJECT: DEXTER & CICI PROPERTIES, LLC
Ref. Number: W24000053102

We have received your document for DEXTER & CICI PROPERTIES, 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,055.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 124A00007091

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dexter + Cici Properties, 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:

Carly MacMillan
Name of Person

Firm/Company

1100 Monterey Blvd. NE
Address

St. Petersburg, FL 33704
City/State and Zip Code

Carly9584@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carly MacMillan at 727 424-3370
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. #6 Dexter & Cici Properties, 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. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4984835
(FEI number, if applicable)

4. 3/16/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1100 Monterey Blvd. NE
(Street Address of Principal Office)

6. Same
(Mailing Address)

St. Petersburg, FL
33704

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

Name: Carly MacMillan

Office Address: 1100 Monterey Blvd. NE
St. Petersburg, Florida 33704
(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.

Carly MacMillan
(Registered agent's signature)

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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 type="checkbox"/> Manager	Name:	Carly MacMillan		<input type="checkbox"/> Manager	Name:	Cameron MacMillan	
<input checked="" type="checkbox"/> Member	Address:	1100 Monterey Blvd NE		<input checked="" type="checkbox"/> Member	Address:	1100 Monterey Blvd NE	
<input type="checkbox"/> Authorized	St. Petersburg, FL			<input type="checkbox"/> Authorized	St. Petersburg FL		
Person	33704			Person	33704		
<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.

Carly MacMillan
Signature of an authorized person

Carly MacMillan
Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CARLY MACMILLAN
1100 MONTEREY BLVD NE
ST PETERSBURG, FL 33704

March 21, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0574391

Issuance Date: 03/21/2024
Copies Requested: 1

Document Receipt

Receipt #: 008803929 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3870071728 \$20.00

Regarding: DEXTER & CICI PROPERTIES, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 03/04/2020
Status: Active
Duration Term: Perpetual
Business County:

Control #: 1083774
Date Formed: 03/04/2020
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

DEXTER & CICI PROPERTIES, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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