

M24000005866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

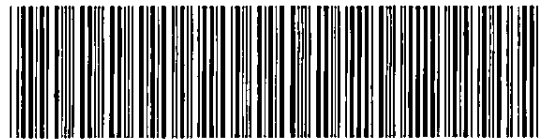
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500427946075

04/29/24--01002--004 **125.00

2024 MAY 7 - 8 PM 3:15

MAY 08 2024

K. Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SouthWest Clay 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:

Tomas Milar

Name of Person

Eastbiz.com

Firm/Company

5348 Vegas Dr

Address

Las Vegas, NV 89108

City/State and Zip Code

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

For further information concerning this matter, please call:

Tomas Milar 702 871-8678
_____ 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. SouthWest Clay LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP")

2. Name was available under alternate name assigned for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP."

3. NV
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., for documents previously filed)

5. <u>2255 SE 27th st.</u> (Street Address of Principal Office)	6. <u>2255 SE 27th st.</u> (Mailing Address)
<u>Cape Coral, FL 33904</u>	<u>Cape Coral, FL 33904</u>
<u>United States</u>	<u>United States</u>

7. Name and street address of Florida registered agent (P.O. Box NOL acceptable)

Name	<u>Registered Agents, Inc.</u>
Office Address:	<u>7901 4th St N STE 300</u>
	<u>St. Petersburg</u> , Florida <u>33702</u>
	(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 JULY -8 PM 3:15

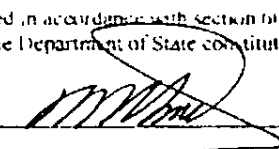
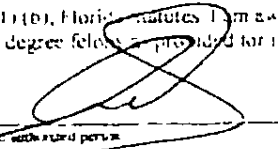
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<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: Frank Chapple	<input type="checkbox"/> Manager	Name: <u>Geoff</u> Chapple
<input checked="" type="checkbox"/> Member	Address: 2255 SE 27th Street	<input checked="" type="checkbox"/> Member	Address: 2255 SE 27th Street
<input type="checkbox"/> Authorized	Cape Coral, FL 33904	<input type="checkbox"/> Authorized	Cape Coral, FL 33904
Person	United States	Person	United States
<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 605.02(3)(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.

 Frank Chapple Geoff Chapple

 Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SOUTHWEST CLAY LLC**, as a **DOMESTIC LIMITED-LIABILITY COMPANY** (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 09/26/2013, and is in good standing in this state

I further certify that the above **DOMESTIC LIMITED-LIABILITY COMPANY** (86) has its formation document and no amendments on file in this office as of the date of this certificate



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/03/2024

A handwritten signature in dark ink, appearing to read "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202404034529874

You may verify this certificate
online at <http://www.nvssos.gov>