

M240000006991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

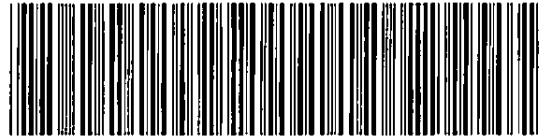
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APR 29 2024

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN -3 PM 3:47



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2024

BRICE SHRADER, ESQ.
225 E ROBINSON ST., STE 215
ORLANDO, FL 32801 US

SUBJECT: CHILLAX INN, LLC
Ref. Number: W24000078331

We have received your document for CHILLAX INN, 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):

The registered agent must sign accepting the designation.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 724A00011188

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHILLAX INN, 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:

Brice Shrader, Esq.
Name of Person

Acosta, Moore, & Shrader, PLLC
Firm/Company

225 E Robinson St., Ste 215
Address

Orlando, FL 32801
City/State and Zip Code

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

For further information concerning this matter, please call:

<u>Brice Shrader</u>	<u>407</u>	<u>644-2531 x2130</u>
Name of Contact Person	at (<u> </u>)	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. CHILLAX INN, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CHILLAX INN VACATION HOMES MANAGEMENT, 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. NEBRASKA 3. 84-4857029
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 87779 473RD AVE 6. PO BOX 488
(Street Address of Principal Office) (Mailing Address)

ATKINSON, NE 68713

ATKINSON, NE 68713

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


Name: Acosta, Moore, & Shrader, PLLC

Office Address: 225 E Robinson St., Ste 215

Orlando 32801
(City) Florida (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.


(Registered agent's signature)
For Acosta, Moore, & Shrader, PLLC

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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]:

Title or Capacity: Name and Address:

☒ Manager Name: BRENT OGDEN

☒ Member Address: 87779 473RD AVE

☐ Authorized ATKINSON, NE 68713

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Brice Shrader, Esq.

☐ Member Address: 225 E ROBINSON ST

☒ Authorized SUITE 215

Person ORLANDO, FL 32801

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: MICHELLE OGDEN

☒ Member Address: 87779 473RD AVE

☐ Authorized ATKINSON, NE 68713

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

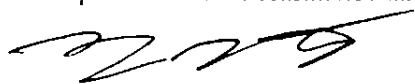
Person _____

☐ Other _____ ☐ 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.



Signature of an authorized person

Brice Shrader

Typed or printed name of signee

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

CHILLAX INN, LLC

was duly formed under the laws of Nebraska on February 24, 2020;

**all fees, taxes, and penalties due under the Nebraska Uniform Limited
Liability Company Act or other law to the Secretary of State have been paid;**

**the Company's most recent biennial report required by section 21-125 has
been filed by the Secretary of State;**

the Secretary of State has not administratively dissolved the company;

**the Company has not delivered to the Secretary of State for filing a Statement
of Dissolution;**

a Statement of Termination has not been filed by the Secretary of State.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

April 19, 2024



A handwritten signature in black ink, appearing to read "Robert B. Evnen".

Secretary of State