

W240000007744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

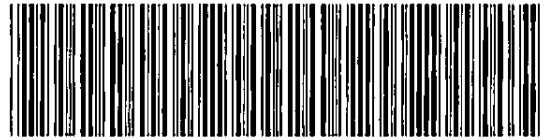
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-71613

Office Use Only



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APR 17 2024

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN 16 PM 4:18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2024

JOHN GASTMAN
1136 BALD EAGLE DR #107
MARCO ISLAND, FL 34145 US

SUBJECT: BOAT 34145 LLC
Ref. Number: W24000071613

We have received your document for BOAT 34145 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 624A00010035

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Boat 34145 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:

JOHN GASTMAN

Name of Person

Firm/Company

1136 BALD EAGLE DR #101

Address

MARCO ISLAND, FL 34145

City/State and Zip Code

VIPERSRUS@mchsi.com

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

For further information concerning this matter, please call:

JOHN GASTMAN

Name of Contact Person

at (309)

Area Code

303-1464

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. The Boat 34145 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. il305.gov

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-3765660

(FEI number, if applicable)

4. _____
(Office first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1136 BAID EAGLE DR
(Street Address of Principal Office)

6. 1136 BAID EAGLE DR
(Mailing Address)

MARCO ISLAND, FL 34145

MARCO ISLAND, FL 34145

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN 14 PM 4:18

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

Name: JOHN GASTMAN

Office Address: 1136 BAID EAGLE DR

MARCO ISLAND

(City)

Florida

FL 34145

(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.

John Gastman
(Registered agent's signature)

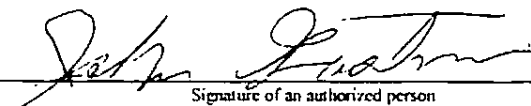
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>JOHN GASTMAN</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>1136 BALD EAGLE DR #</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>MARCO ISLAND</u>		<input type="checkbox"/> Authorized			
Person		<u>FL, 34145</u>		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	<u>KEN HOUEL</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>606 N THIRD ST</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>ROANOKE</u>		<input type="checkbox"/> Authorized			
Person		<u>IL, 61561</u>		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	<u>DENNIS ROCKE</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>401 N THIRD ST</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>ROANOKE</u>		<input type="checkbox"/> Authorized			
Person		<u>IL 61561</u>		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.



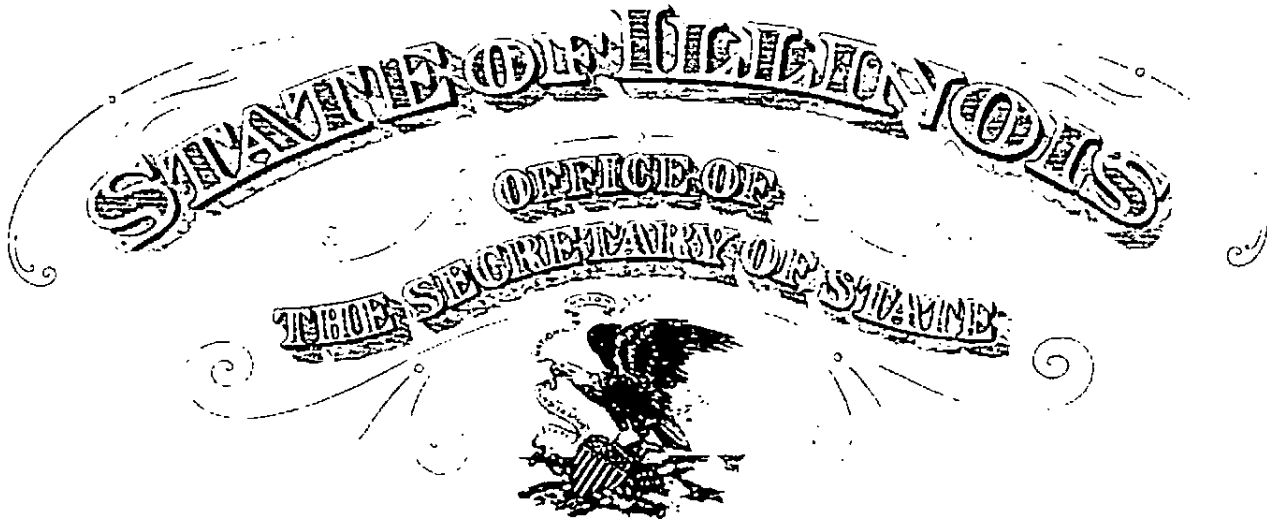
Signature of an authorized person

JOHN GASTMAN

Typed or printed name of signee

File Number

1381083-4



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE BOAT 34145, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 29, 2023, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of JUNE A.D. 2024 .