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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

06/06/24--01028--003    \*\*125.00

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2  
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JUN 26 2024 AM 5:14  
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STATE OF MASSACHUSETTS  
T. LEMIEUX  
JUN 26 2024

W24  
91080

T. LEMIEUX  
JUN 26 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Heaton Beach Campground 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:

Brian Clukie

Name of Person

Just Breathe Properties LLC

Firm/Company

121 GA Hwy 39 S.

Address

Georgetown, GA 39854

City State and Zip Code

Clukieba@gmail.com

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

For further information concerning this matter, please call:

Brian Clukie

Name of Contact Person

813, 997 2099

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 &     \$155.00 Filing Fee &     \$160.00 Filing Fee, Certificate  
of Status    Certified Copy    of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2024

BRIAN CLUKIE  
121 GA HWY 39 S  
GEORGETOWN, GA 39854

SUBJECT: KEATON BEACH CAMPGROUND LLC  
Ref. Number: W24000091080

We have received your document for KEATON BEACH CAMPGROUND LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 724A00013064

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. Just Breathe 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. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-3216136  
(EIN number, if applicable)

4. 6/1/2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0902, F.S. to determine penalty liability)

5. 121 6A Hwy 39 S.  
(Street Address of Principal Office)

6. Same  
(Mailing Address)

Georgetown, GA 30854

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

Name: Brian Clutie

2699 Live Oak Rd

Office Address: 2699 Live Oak Rd

Perry

(City)

, Florida

32348  
(Zip code)

2024 JUN 26 AM 5:14  
FILED  
FLORIDA SECRETARY OF STATE

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.

B. Clutie  
(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 type="checkbox"/> Manager	Name: <u>Brian Clekie</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>121 Hwy 39 S.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Georgetown 6A 39851</u>	<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 _____
 <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 _____

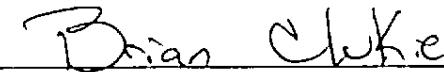
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



Signature of an authorized person



Typed or printed name of signer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Just Breathe Properties LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27718139  
Date Inc/Auth/Filed: 05/29/2024  
Jurisdiction : Georgia  
Print Date : 06/26/2024  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State