

M24000008936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

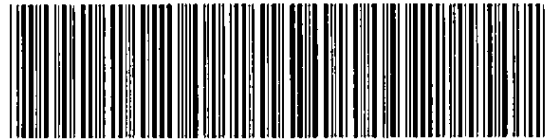
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Intentionally Filed



2024 JUL -9 PM 2:47



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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hannon's Cannon 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:

Kevin P. Hannon
Name of Person

Firm/Company

11892 Walker Avenue
Address

Seminole, FL 33772
City/State and Zip Code

qualitygoldfish@aol.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Hannon at 727, 458-2889
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

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HANNON'S CANNON, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HANNON'S CANNON, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

4428533 8300

SR# 20242935583

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203771072

Date: 06-23-24

**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. Hannon's Cannon 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. none
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11892 Walker Ave
(Street Address of Principal Office)
Seminole, FL 33772

6. 11892 Walker Ave
(Mailing Address)
Seminole, FL 33772

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

self - maybe
Name: NA Kevin P. Hannon

Office Address: 11892 Walker Ave
Seminole FL, Florida 33772
(City) (Zip code)

2024 JUL -9 PM 2:47
HANNON'S CANNON LLC
11892 WALKER AVE
SEMINOLE, FL 33772

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.

Kevin P. Hannon
(Registered agent's signature)

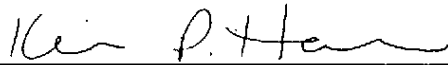
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Kevin P Hannon		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	11892 Walker Ave		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Seminole, FL 33772		<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:	Jim Naset		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	853 180 th Ave East		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Redington Shores, FL		<input type="checkbox"/> Authorized			
Person		33708		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Jodie Hannon		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	11892 Walker Ave		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Seminole, FL 33772		<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

Kevin P Hannon

Typed or printed name of signer

June 25, 2024

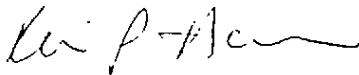
Registration Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I would like to registered my Foreign Limited Liability Company from Delaware in Florida. It is Hannon's Cannon, LLC. Please see the enclosed Certificate of Existence.

Also, please find enclosed a check for the \$¹²⁵~~100~~ filing fee.

Thank you so much,

A handwritten signature in cursive script, appearing to read "Kevin P. Hannon", written in dark ink.

Kevin and Jodee Hannon