

Jul 17, 2024 2:12 PM

No. 2841 P. 1

7/8/24, 3:13 PM

Division of Corporations

M 24 000004201  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000231734 3)))



H240002317343AEC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PAVESE LAW FIRM  
Account Number : 120130000057  
Phone : (239)334-2195  
Fax Number : (239)332-2243

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: michaellhner1@pavese law . com

RECEIVED

2024 JUL 17 PM 2:12

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
FORT D RIVERLAND, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

2024 JUL 17 PM 3:06

2024 JUL 17 PM 3:06

2024 JUL 17 PM 3:06

Electronic Filing Menu

Corporate Filing Menu

Help

Jul 17, 2024 2:12 PM  
H24 000 231734

No. 204 F. 2

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FORT D RIVERLAND, 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:

**MICHAEL LEHNERT**

Name of Person

**PAVSB LAW FIRM**

Firm/Company

**1833 HENDRY STREET**

Address

**FORT MYERS, FL 33901**

City/State and Zip Code

**MICHAELLEHNERT@PAVSEBLAW.COM**

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

For further information concerning this matter, please call:

**MICHAEL LEHNERT**

**239**

**336-6280**

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

H24 000 231734

Jul 17, 2024 2:13 PM  
H24000231734

No. 2047 P. 3

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. FORT D RIVERLAND, 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 99-3365138  
(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)

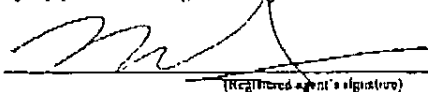
5. C/O J. MICHAEL CUSTER C/O J. MICHAEL CUSTER  
(Street Address of Principal Office) (Mailing Address)  
211 HENDRICKS ISLE 211 HENDRICKS ISLE  
FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301

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

Name: PLF REGISTERED AGENT, LLC  
Office Address: 1833 HENDRY STREET  
FORT MYERS 33901  
(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)

H24000231734

H24000231734

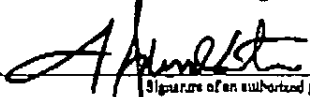
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

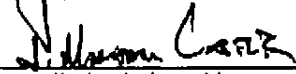
| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             |
|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager               | Name: <u>J. MICHAEL CUSTER</u>       | <input type="checkbox"/> Manager               | Name: <u>KENNETH S. CUSTER</u>       |
| <input type="checkbox"/> Member                | Address: <u>211 HENDRICKS ISLE</u>   | <input type="checkbox"/> Member                | Address: <u>211 HENDRICKS ISLE</u>   |
| <input checked="" type="checkbox"/> Authorized | <u>FORT LAUDERDALE, FL 33301</u>     | <input checked="" type="checkbox"/> Authorized | <u>FORT LAUDERDALE, FL 33301</u>     |
| Person   | _____                                | Person   | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager           | Name: <u>DAVID A. CUSTER</u>         | <br><input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>211 HENDRICKS ISLE</u>   | <input type="checkbox"/> Member                | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>FORT LAUDERDALE, FL 33301</u>     | <input type="checkbox"/> Authorized            | _____                                |
| Person   | _____                                | Person   | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager           | Name: _____                          | <br><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 signatory

H24000231734

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORT D RIVERLAND, 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 SEVENTEENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORT D RIVERLAND, LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2024.

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



3845578 8300

SR# 20243164993

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203947990

Date: 07-17-24