

M24 000009954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

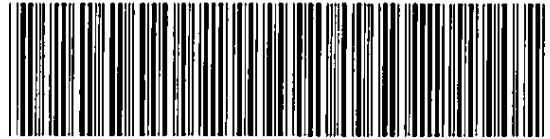
(Document Number)

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APR 22 2024

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APR 22 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CALIMAY L.L.C.  
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:

KIM C. PANG

Name of Person

Firm/Company

100 PEBBLE CREEK DRIVE

Address

MASON CITY, IA 50401.

City/State and Zip Code

ALANPANG@AOL.COM

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

For further information concerning this matter, please call:

KIM C. PANG

Name of Contact Person

at

641 283-1670

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. CALIMAY L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CALIMAY FL L.L.C.  
(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. IOWA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 4890LC-570376  
(FEI number, if applicable)

4. MAY 8, 2018  
(Date first transacted business in Florida, if prior to registration.  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 100 PEBBLE CREEK DR  
(Street Address of Principal Office)

6. 100 PEBBLE CREEK DR  
(Mailing Address)

MASON CITY, IA 50401.

MASON CITY, IA 50401.

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

Name: AMY MURPHY,

Office Address: 316 BEACHSIDE DRIVE

PANAMA CITY BEACH

(City)

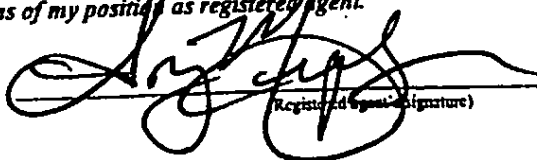
, Florida

32413

(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)

2021 AUG -2 AM 2:00

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>KIM C. PANG</u>             | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>100 PEBBLE CREEK DR</u>  | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>MASON CITY, IA 50401.</u>         | <input type="checkbox"/> Authorized  | _____                                |
| Person _____                                   |                                      | Person _____                         |                                      |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

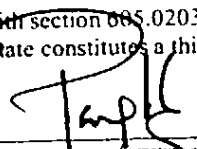
|                                                |                                      |                                      |                                      |
|------------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager    | Name: <u>DEBORAH PANG</u>            | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>100 PEBBLE CREEK DR</u>  | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>MASON CITY, IA 50401.</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 _____ |

**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 685.0203 (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.

  
\_\_\_\_\_  
Name of an authorized person  
KIM C. PANG.  
\_\_\_\_\_  
Typed or printed name of signee

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Issue Date: 4/15/2024

Name: CALIMAY, LLC (489DLC - 570376)

Date of Formation: 4/17/2018

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly formed under the laws of Iowa. A certificate of organization has been filed and has taken effect.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination. The records of the Secretary of State do not otherwise reflect that the limited liability company has been dissolved or terminated.
- f. A proceeding is not pending under section 489.705

Certificate ID: **CS284312**

To validate certificates visit:

**[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)**

A handwritten signature in black ink, reading "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

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

3. 4890LC-570376  
(PEI number, if applicable)

4. MAY 8, 2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 100 PEBBLE CREEK DR  
(Street Address of Principal Office)

6. 100 PEBBLE CREEK DR  
(Mailing Address)

MASON CITY, IA 50401

MASON CITY, IA 50401

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

Name: AMY MURPHY,  
Office Address: 316 BEACHSIDE DRIVE  
PANAMA CITY BEACH, Florida 32413  
(City) (Zip code)

2021 AUG -2 AM 2:07

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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)

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|------------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager    | Name: <u>KIM C. PANG</u>             | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>100 PEBBLE CREEK DR</u>  | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>MASON CITY, IA 50401.</u>         | <input type="checkbox"/> Authorized  | _____                                |
| Person                                         | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

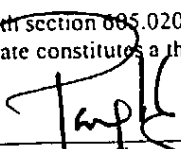
|                                                |                                      |                                      |                                      |
|------------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager    | Name: <u>DEBORAH PANG</u>            | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>100 PEBBLE CREEK DR</u>  | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>MASON CITY, IA 50401.</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 _____ |

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\_\_\_\_\_  
Signature of an authorized person  
KIM C. PANG.  
\_\_\_\_\_  
Typed or printed name of signer

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



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Certificate ID: **CS284312**

To validate certificates visit:

**[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)**

A handwritten signature in black ink, reading "Paul D. Pate". The signature is stylized with a large, flowing "P" and "D".

Paul D. Pate, Iowa Secretary of State