

M240000 11444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

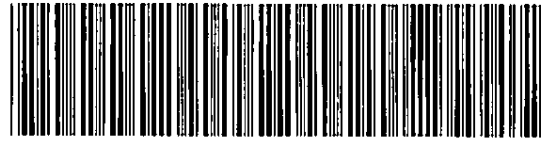
(Document Number)

Certified Copies _____

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STATE OF FLORIDA
TALLAHASSEE

SEP 06 2024

K. Brumby

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use the attached check w/ total amount of: \$125.00

Authorization Signature: _____

Business Name: ECHELON FORT MYERS GATEWAY, LLC

Document#

___ Certified Copy

___ Certificate of Status

NEW FILINGS

___ Profit Corp

___ Not for Profit

X Limited Liability

___ Domestication

___ LLLP

___ CORP

___ Other

___ Other

OTHER FILINGS

___ Apostille

Country

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Revocation of Dissolution

___ Merger

___ Articles of Conversion

___ Restated Articles of Incorporation

___ Statement of Authority

REGISTRATION/QUALIFICATIONS

X Foreign Filing

___ Reinstatement

___ Qualification

___ Annual Report

___ Fictitious Name

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Echelon Fort Myers Gateway, 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:

Sydnee Kirby

Name of Person

Echelon Fort Myers Gateway, LLC

Firm/Company

1051 Greenwood Springs Blvd.

Address

Greenwood, IN 46143

City/State and Zip Code

sydnee@thegarrettc.com

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

For further information concerning this matter, please call:

Sydnee Kirby

765

810-3639

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

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. Echelon Fort Myers Gateway, 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. 99-4235767
(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. 1051 Greenwood Springs Blvd.
(Street Address of Principal Office)

6. 10911 Dunscore Cottage Way
(Mailing Address)

Greenwood, IN 46143

Wimauma, FL 33598

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

Name: Sydnée Kirby

Office Address: 10911 Dunscore Cottage Way

Wimauma, Florida 33598
(City) (Zip code)

2024 SEP -5 PM 1:08

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.

Sydnée Kirby
(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Sydnee Kirby

☐ Member Address: 10911 Dunscore Cottage Way

☒ Authorized Wimauma, FL 33598

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Eric Garrett

☐ Member Address: 1051 Greenwood Springs Blvd.

☐ Authorized Greenwood, IN 46143

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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.

Sydnee Kirby
Signature of an authorized person

Sydnee Kirby

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECHELON FORT MYERS GATEWAY, 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 THIRD DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECHELON FORT MYERS GATEWAY, LLC" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2023.

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

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

Jeffrey W. Bullock, Secretary of State

2772423 2300

SR# 20243522123

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

Authentication: 204300738

Date: 09-03-24