

M24000012680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

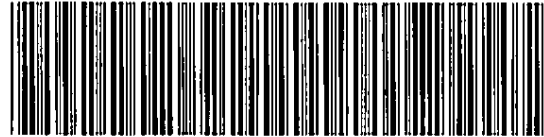
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W24-134592

Office Use Only



200437055552

2024 SEP 25 11:10

RECEIVED
2024 SEP 25 AM 11:27
TALLAHASSEE, FLORIDA

OCT 04 2024

C. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2024

FLORIDA FILING

SUBJECT: 265 AZALEA LLC
Ref. Number: W24000134592

We have received your document for 265 AZALEA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is 2 different address listed in number 5, please choose 1 as well as please ensure the complete address is listed in other sections.,

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 524A00021601

Please keep original filing date
Thank you

RECEIVED
2024 OCT -3 PM 1:57
DIVISION OF CORPORATIONS
FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/25/2024

NAME: 265 AZALEA LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 265 Azalea 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:

Kerry Anne Schultz

Name of Person

Schultz Law Group, P.L.L.C.

Firm/Company

2777 Gulf Breeze Pkwy

Address

Gulf Breeze, FL 32563

City/State and Zip Code

kaschultz@schultzlawgrp.com

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

For further information concerning this matter, please call:

Kerry Anne Schultz	850	754-1600
_____	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. 265 Azalea 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. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (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. (Street Address of Principal Office)

6. 3773 Howard Hughes Pkwy, Suite 500S, Las Vegas, NV 89169
(Mailing Address)

3773 Howard Hughes Pkwy, Suite 500S

Las Vegas, NV 89169

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

Name: Kerry Anne Schultz

Office Address: 2777 Gulf Breeze Pkwy

Gulf Breeze, Florida 78245
(City) (Zip code)

2021 SEP 25 11:11:10

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)

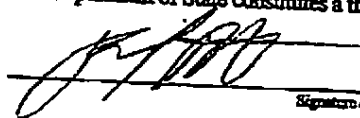
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Nicholas Royal Mortier</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kellie Anne Mortier</u>
<input type="checkbox"/> Member	Address: <u>3773 Howard Hughes Pkwy, Ste 500S</u>	<input type="checkbox"/> Member	Address: <u>3773 Howard Hughes Pkwy, Ste 500S</u>
<input type="checkbox"/> Authorized	<u>Las Vegas, NV 89169</u>	<input type="checkbox"/> Authorized	<u>Las Vegas, NV 89169</u>
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

Nicholas Royal Mortier

 Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence 265 AZALEA LLC as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 09/19/2023, and in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 09/20/2024.

FV Aguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202409204979657

You may verify this certificate

online at <https://www.nvsecretflume.gov/home>