

M24000013124

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.

((H240003415213)))



H240003415213ABCW

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: michael.lehnert@pavese.law.com

Foreign Limited Liability Company
Found Off Market, LLC - S1 Series

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

2024 OCT 11 PM 2:21

OCT 15 2024

Brumbley

KB

COVER LETTER

~~129000293326~~

TO: Registration Section
Division of Corporations

SUBJECT: Found Off Market, LLC - S1 Series

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 P. Lehnert, Esq.

Name of Person

Pavese Law Firm

Firm/Company

1833 Hendry Street

Address

Fort Myers, FL 33901

City/State and Zip Code

michaellehnert@paveselaw.com

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

For further information concerning this matter, please call:

Michael Lehnert

239
at ()

841-0849

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

~~129000293326~~

~~12400029326~~

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. Found Off Market, LLC - S1 Series
(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. Indiana
(Jurisdiction under the law at 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 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 1833 Hendry Street
(Street Address of Principal Office)

6. 1833 Hendry Street
(Mailing Address)

Fort Myers, FL 33901

Fort Myers, FL 33901

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

Name: PLF Registered Agent, L.L.C.

Office Address: 1833 Hendry Street

Fort Myers 33901
(City) , Florida (Zip code)

2025 OCT 11 11:21

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)

~~12400029326~~

~~1210003326~~


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>Michael Lehnert</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1833 Hendry Street</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Fort Myers, FL 33901</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 _____
<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
Michael Lehnert

Typed or printed name of signer

~~1210003326~~

~~1121002243326~~

State of Indiana
Office of the Secretary of State
Certified Copies

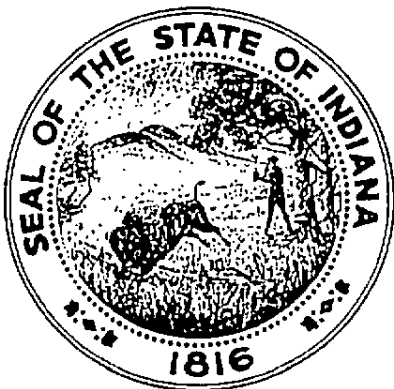
To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 2 page document consisting of the following records filed in this office:

Certification Date: August 28, 2024
Business Name: FOUND OFF MARKET, LLC - S 1 SERIES
Business ID: 202304121681766

Transaction	Date Filed	No. of pages
Articles of Designation - Formation	04/12/2023	2
Total No. of pages		2



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 28, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202304121681766 / 16969192

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>
Expires on September 27, 2024.

~~1121002243326~~
CertificateID:16969192

~~124500217326~~

State of Indiana
Office of the Secretary of State

Certificate of Designation
of
FOUND OFF MARKET, LLC - S 1 SERIES

I, DIEGO MORALES, Secretary of State, hereby certify that Articles of Designation of the above Domestic Series have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective
Wednesday, April 12, 2023.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 12, 2023.

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202304121681766 / 9835944

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

~~1121000242326~~

APPROVED AND FILED
DIEGO MORALES
INDIANA SECRETARY OF STATE
04/12/2023 02:39 PM

ARTICLES OF DESIGNATION INFORMATION

Formed pursuant to the provisions of the Indiana Code.

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 202304121681766
BUSINESS TYPE Domestic Series
MASTER BUSINESS NAME FOUND OFF MARKET, LLC - S
SERIES NAME FOUND OFF MARKET, LLC - S 1 SERIES
OFFICE ADDRESS 4715 Mi Casa Ct, Ft Myers, FL, 33901, USA

ARTICLE IV - GOVERNING PERSON INFORMATION

No Principal on record.

MANAGEMENT INFORMATION

THE SERIES WILL BE MANAGED BY MANAGER(S) Yes

SIGNATURE

THE UNDERSIGNED, DESIRING TO FORM A SERIES PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT AND INDIANA CODE 23-18.1 EXECUTES THESE ARTICLES OF DESIGNATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY April 12, 2023.

THE UNDERSIGNED ACKNOWLEDGES THAT A PERSON COMMITS A CLASS A MISDEMEANOR BY SIGNING A DOCUMENT THAT THE PERSON KNOWS IS FALSE IN A MATERIAL RESPECT WITH THE INTENT THAT THE DOCUMENT BE DELIVERED TO THE SECRETARY OF STATE FOR FILING.

SIGNATURE Benjamin Spandan
TITLE Legal Representative

Business ID : 202304121681766
Filing No : 9835944