

M24 0000 13289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

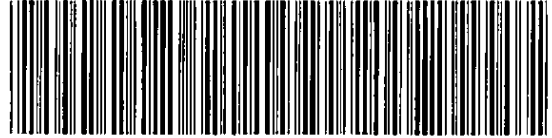
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BARLOW LEGACY 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:**

VINCENT BARLOW

Name of Person

BARLOW LEGACY LLC

Firm/Company

681 OCEAN PALM WAY

Address

SAINT AUGUSTINE FLORIDA 32080

City/State and Zip Code

VINCENT@ELEVATION.COM

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

**For further information concerning this matter, please call:**

VINCENT BARLOW

847

513-1879

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. BARLOW LEGACY 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. BELIZE

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

3. FSC/200/LLC235/24

(FEI number, if applicable)

4. 10/1/2024

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

5. 681 OCEAN PALM WAY

(Street Address of Principal Office)

6. PO BOX 840207

(Mailing Address)

SAINT AUGUSTINE FLORIDA 32080

SAINT AUGUSTINE FLORIDA 32080

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

Name: VINCENT BARLOW

Office Address: 681 OCEAN PALM WAY

SAINT AUGUSTINE

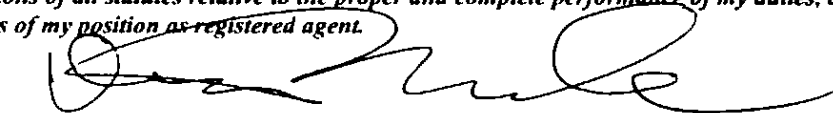
(City)

, Florida 32080

(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)

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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: VINCENT BARLOW

☐ Member                      Address: 681 OCEAN PALM WAY

☐ Authorized                      SAINT AUGUSTINE FLORIDA 32080

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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

☐ Manager                      Name: MARYANN BARLOW

☒ Member                      Address: 681 OCEAN PALM WAY

☐ Authorized                      SAINT AUGUSTINE FLORIDA 32080

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 \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

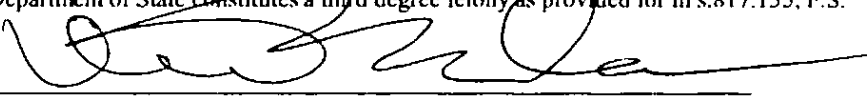
Person \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

VINCENT BARLOW  
\_\_\_\_\_  
Printed name of authorized person



**BELIZE**  
FINANCIAL SERVICES COMMISSION  
LIMITED LIABILITY COMPANIES ACT

**CERTIFICATE OF GOOD STANDING**

This is to certify that

**BARLOW LEGACY LLC**

*(Name of the Limited Liability Company)*

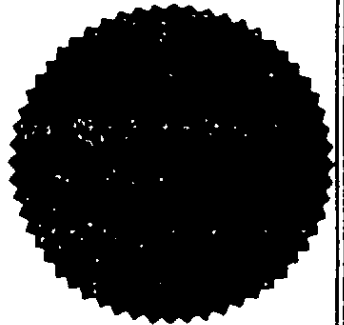
**FSC/200/LLC 2335/24**


*(Limited Liability Company Number)*

*It is hereby certified* that the above-named Limited Liability Company is properly and currently registered under the provisions of the Limited Liability Companies Act and has paid all fees prescribed by the Act. The above-named Limited Liability Company is in good standing as of the date hereof.

Date of Issue:

16th August 2024



  
FOR  
Registrar of Limited Liability  
Companies

Vincent Barlow

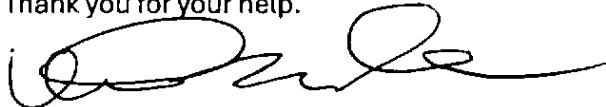
681 Ocean Palm Way

Saint Augustine Florida, 32080

Hello,

I am sending these completed forms to register my Foreign LLC to do business in Florida.

Thank you for your help.

A handwritten signature in black ink, appearing to read 'Vincent Barlow', with a large, stylized initial 'V'.

Vincent Barlow

847-513-1879