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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Windy Hill Court 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:

Patricia J Horvath

Name of Person

Windy Hill Court LLC

Firm/Company

1704 Quail Circle

Address

Spring Hill, TN 37174

City/State and Zip Code

pjh2925@gmail.com

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

For further information concerning this matter, please call:

Patricia J Horvath

330

329-6101

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

Windy Hill CT 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. State of Tennessee 3. 84-2404543
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January, 2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1704 Quail Circle 6. 1704 Quail Circle
(Street Address of Principal Office) (Mailing Address)

Spring Hill, TN Spring Hill, TN

37174 37174

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

Name: Gabriella Neft

Office Address: 5234 Silver Charm Terr

Wesley Chapel 33544
(City) Florida (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.

X Gabriella Neft
(Registered agent's signature)

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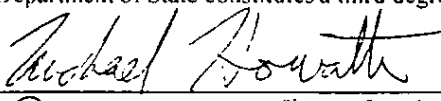
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

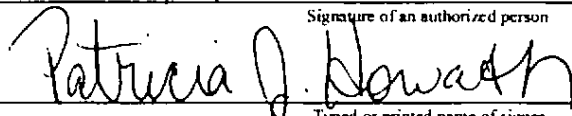
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Michael Horvath		<input checked="" type="checkbox"/> Manager	Name:	Patricia Horvath	
<input type="checkbox"/> Member	Address:	1704 Quail Circle		<input type="checkbox"/> Member	Address:	1704 Quail Circle	
<input type="checkbox"/> Authorized		Spring Hill, TN		<input type="checkbox"/> Authorized		Spring Hill, TN	
Person		37174		Person		37174	
<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


Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

PATRICIA HORVATH
PATTI HORVATH
1704 QUAIL CIR
SPRING HILL, TN, TN 37174

August 26, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0598782

Issuance Date: 08/26/2024
Copies Requested: 1

Document Receipt

Receipt #: 009206806 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3880576168 \$20.00

Regarding: Windy Hill Court, LLC
Filing Type: Limited Liability Company - Domestic Control #: 1039529
Formation/Qualification Date: 07/12/2019 Date Formed: 07/12/2019
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: MAURY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Windy Hill Court, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 069456230

Gabi,

Thanks for your help. Walton County has a new short term rental requirement. Our property manager has always paid the taxes so we did not need to register our LLC in state of Florida. Now they are saying we need to register our LLC with the state. As registered agent, you are just agreeing to forward any notices that may come to you if they are not able to get ahold of us.

Please sign and mail paperwork to FL Department of State.

Appreciate your help!
Love you!
Patti

★ Windy Hill Court LLC
1704 Quail Circle
Spring Hill, TN 37174
330-329-6101

Requirements of a Registered Agent

Must be 18 years or older. Must have a physical address in Florida (it cannot be a P.O. box) Must always available during normal business hours to receive service of process in person.

What power does the registered agent have in Florida?

A registered agent is your main representative with the Florida department of state. They accept and forward service of process and government notices to your organization so that you can stay on top of your obligations.

Registered Agent Name and Address

- The individual or legal entity that will accept service of process on behalf of the business entity is the registered agent.
- A business entity with an active Florida filing or registration may serve as a registered agent.
- An entity cannot serve as its own registered agent. However, an individual or principal associated with the business may serve as the registered agent.
- The registered agent must have a physical street address in Florida. (Do not list a P.O. Box address.)

Registered Agent's Signature

- The registered agent must sign the application.
- The signature confirms the agent is familiar with and accepts the obligations of s.605.0113(3), F.S.