

M240000 13495

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

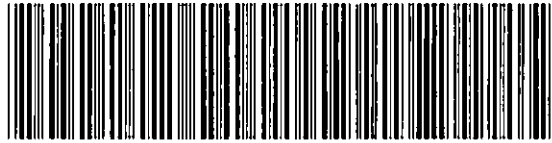
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

w24 000090078

Office Use Only



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05/31/24--01005--007 \*\*125.00

2024 JUL -9 PM 4:45

OCT 22 2024

K Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2024

DALE SNOOK  
PO BOX 1258  
BELLAIRE, MI 49615 US

SUBJECT: SUMMERLAND RENTAL LLC  
Ref. Number: W24000090078

We have received your document for SUMMERLAND RENTAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Andrea Andrews  
Regulatory Specialist II

**RECEIVED**

Letter Number: 324A00012939

**JUL - 9 2024**

4-7-24

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

Summerland Rental LLC.

**SUBJECT:** \_\_\_\_\_  
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:

Dale Snook

\_\_\_\_\_  
Name of Person

same

\_\_\_\_\_  
Firm/Company

PO BOX 1258

\_\_\_\_\_  
Address

Bellaire Michigan 49615

\_\_\_\_\_  
City/State and Zip Code

oneononeinc@msn.com

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

For further information concerning this matter, please call:

Dale Snook

231

620-2776

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

A CORP. ACTING THROUGH AN OFFICE IN FLORIDA SUBMITTED THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

Summerland Rental LLC

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

has, and will, use the alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

State Of Michigan USA

99-17116357

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

(EIN number, if applicable)

(Date first transacted business in Florida, if prior to registration.  
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

4355 McKinney rd

Po Box 1258

(Street Address of Principal Office)

(Mailing Address)

Bellaire Michigan 49615

Bellaire Michigan 49615

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

Name:

Bluescape Vacation Rentals, LLC

Office Address:

22976 Overseas Hwy.

Cudjoe Key FL

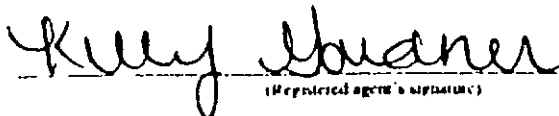
33042  
Florida

(City)

(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)

2004 JUL -9 PM 4:45

Attach separate enclosure proposals, for names, title or capacity and addresses of the primary members, managers or persons listed below for each of the following:

<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: Kelly Gardner	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 22976 Overseas Hwy.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Cudjoe Key FL 33054	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> 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	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> 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	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

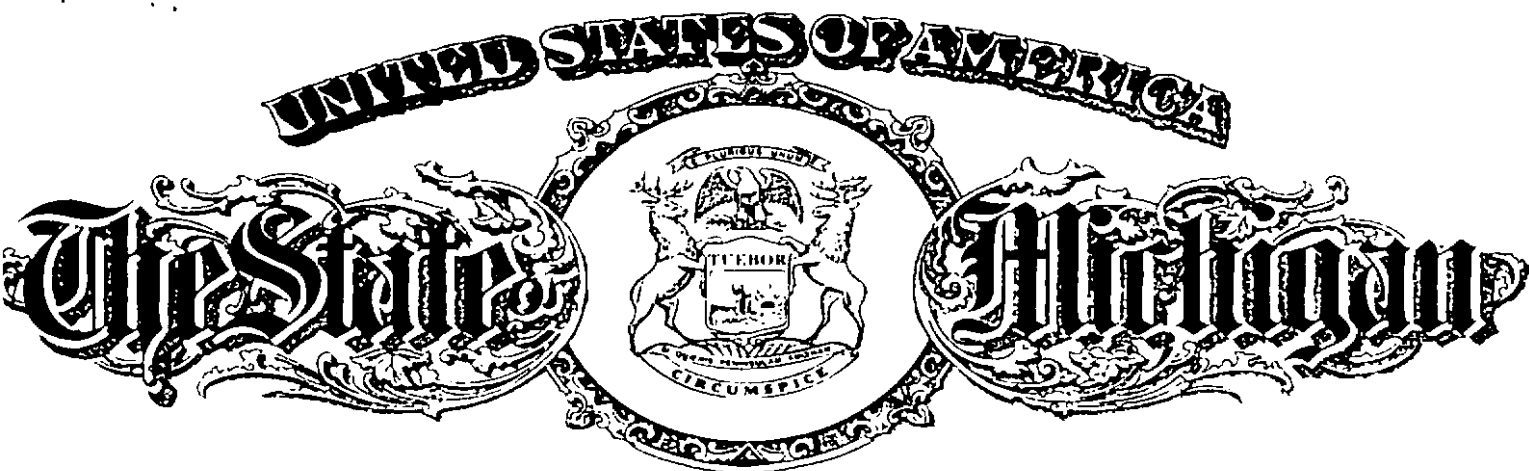
**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. See *ordered* individuals may be added to the index when filing your Florida Department of State Annual Report form.

An attachment 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)

If 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.

Kelly Gardner



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**SUMMERLAND RENTAL LLC.**

*was validly authorized on March 1, 2024, as a Michigan  
DOMESTIC LIMITED LIABILITY COMPANY  
and said limited liability company is validly in existence under the laws of this state and has satisfied its  
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is  
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.*



*Sent by electronic transmission*

Certificate Number: 24060598101

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 27th day of June, 2024.*

A handwritten signature in black ink, reading 'Linda Clegg'.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau