

M240000013603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

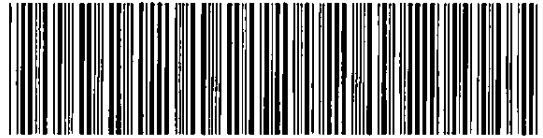
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W24-132067

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 18 AM 9:59

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M. SOLOMON

OCT 24 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Away Properties, 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:

Amy Donnelly
Name of Person

Home Away Properties, LLC
Firm/Company

22407 NE 172ND St.
Address

Kearney MO 64060
City/State and Zip Code

4kleemanfarms@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Donnelly at (816) 665-7294
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

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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. Home Away Properties, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 88-0875596
(FEI number, if applicable)

4. 6/22/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 22407 NE 172ND ST.
(Street Address of Principal Office)

6. 22407 NE 172ND ST.
(Mailing Address)

Kearney MO 64060

Kearney MO 64060

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

Name: Tim Beverly

Office Address: 129 Lincolnshire dr

Niceville, Florida 32578
(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.

Tim Beverly
9CDE31B95F8F403...

(Registered agent's signature)

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2024 OCT 18 AM 9:59
CLERK OF STATE
JESSIE STIL

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>Mark Kleeman</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Amy Donnelly</u> |
| <input type="checkbox"/> Member | Address: <u>22407 NE 172nd St.</u> | <input type="checkbox"/> Member | Address: <u>22407 NE 172nd St.</u> |
| <input type="checkbox"/> Authorized | <u>Kearney MO 64060</u> | <input type="checkbox"/> Authorized | <u>Kearney MO 64060</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 _____ |

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2024 OCT 18 AM 9:59
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

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
Amy Donnelly

Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Home Away Properties, LLC
LC014358343

was created under the laws of this State on the 24th day of February, 2022, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 26th day of August, 2024.


Secretary of State



Certification Number CERT-08262024-0128

... Annual report due 1/1- 5/1/25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2024

AMY DONNELLY
22407 NE 172ND ST.
KEARNEY, MO 64060 US

SUBJECT: HOME AWAY PROPERTIES LLC
Ref. Number: W24000132067

We have received your document for HOME AWAY PROPERTIES LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 524A00021107

RECEIVED
OCT 18 2024