

M24000015597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

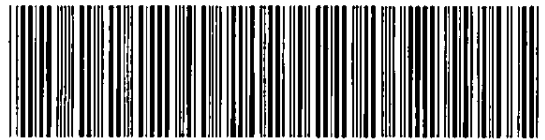
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000142782
W24000130149

Office Use Only



300435721033

11/26/24--01013--004 **530.00

09/05/24--01025--007 **525.00

2024 NOV 26 PM 8:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2024

ANTHONY GERARDOT
11691 KITTELY DR
FISHERS, IN 46037 US

SUBJECT: SIMPLY BEACHIN, LLC
Ref. Number: W24000142782

We have received your document for SIMPLY BEACHIN, LLC and your check(s) totaling \$525.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

I realize that you sent a check, however, it is not enough. You need to send another \$530.00 because you wrote that you started business in August of 2020. Any questions, you may call.,

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

Letter Number: 024A00023061

RECEIVED

NOV 26 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Simply Beachin, 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:

Anthony Gerardot

Name of Person

Firm/Company

11691 Kittery Dr.

Address

Fishers, IN 46037

City/State and Zip Code

agerardot@gmail.com

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

For further information concerning this matter, please call:

Anthony Gerardot

317

418-8667

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

plus \$400 late fee

**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. Simply Beachin, 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. Indiana 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 08/22/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11691 Kittery Dr 6. 11691 Kittery Dr
(Street Address of Principal Office) (Mailing Address)
Fishers, IN 46037 Fishers, IN 46037

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

Name: Anthony Gerardot
Office Address: 1001 Scenic Gulf Dr. Unit F
Miramar Beach, Florida 32550
(City) (Zip code)

2024 NOV 26 PM 8:10

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.

Anthony E. Gerardot
(Registered agent's signature)

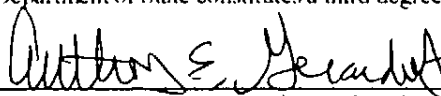
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Anthony Gerardot</u>	<input type="checkbox"/> Manager	Name: <u>Amy Gerardot</u>
<input checked="" type="checkbox"/> Member	Address: <u>11691 Kittery Dr</u>	<input type="checkbox"/> Member	Address: <u>11691 Kittery Dr</u>
<input type="checkbox"/> Authorized	<u>Fishers, IN 46037</u>	<input checked="" type="checkbox"/> Authorized	<u>Fishers, IN 46037</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Nino Sirois</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kelsey Laroche</u>
<input type="checkbox"/> Member	Address: <u>4821 Hwy 98 W</u>	<input type="checkbox"/> Member	Address: <u>4821 Hwy 98 W</u>
<input type="checkbox"/> Authorized	<u>Ste 106</u>	<input type="checkbox"/> Authorized	<u>Ste 106</u>
Person	<u>Santa Rosa Beach, FL 32459</u>	Person	<u>Santa Rosa Beach, FL 32459</u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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

Anthony E. Gerardot

Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

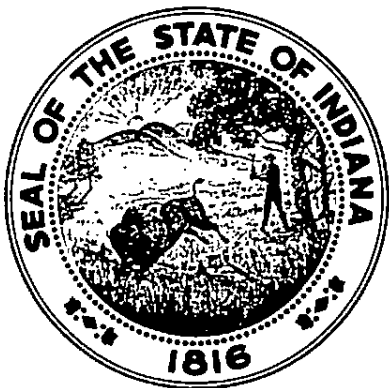
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SIMPLY BEACHIN, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 17, 2020, and was in existence or authorized to transact business in the State of Indiana on October 08, 2024.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 08, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202008171415058 / 20244010951

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on November 07, 2024.