

M24000016193

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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26/12/27 AM 4:15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2024

VALERIE CHAILLE
7186 LAKESIDE DR
SARASOTA, FL 34243 US

SUBJECT: MISSION 333, LLC
Ref. Number: W24000162674

We have received your document for MISSION 333, 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

Letter Number: 124A00026873

*Returned via
mail (with
certificate)
on 12/19/2024*

RECEIVED
DEC 27 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

Mission 333, 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:

Valerie Chaille

Name of Person

Firm/Company

7186 Lakeside Dr

Address

Sarasota, FL 34243

City/State and Zip Code

valerie.chaille@gmail.com

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

For further information concerning this matter, please call:

Valerie Chaille

317

441-2570

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. Mission 333, 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. Wyoming 3. 33-1290056
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. <u>Mission 333, LLC</u> (Street Address of Principal Office)	6. <u>Mission 333, LLC</u> (Mailing Address)
<u>5265 University Parkway, #196</u>	<u>5265 University Parkway, #196</u>
<u>University Park, FL 34201</u>	<u>University Park, FL 34201</u>

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

Name:	<u>Valerie Chaille</u>
Office Address:	<u>7186 Lakeside Dr</u>
	<u>Sarasota</u> <u>34243</u>
	(City) Florida (Zip code)

2014 DEC 27 AM 4:15

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.

Valerie Chaille
(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]:

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

☒ Manager Name: Lori Sheaffer

☐ Member Address: 4812 Greencroft Rd

☐ Authorized Sarasota, FL 34235

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: John Sheaffer II

☐ Member Address: 4812 Greencroft Rd

☐ Authorized Sarasota, FL 34235

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Valerie Chaille

☐ Member Address: 7186 Lakeside Dr

☐ Authorized Sarasota, FL 34243

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Timothy Kelley

☐ Member Address: 5783 Avista Dr

☐ Authorized Sarasota, FL 34243

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

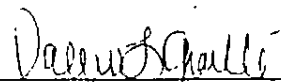
Person _____

☐ 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

Valerie Chaille

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

MISSION 333, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 12, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001521556**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of December, 2024 at 11:46 AM. This certificate is assigned ID Number 079148229.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State