

M250000001305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

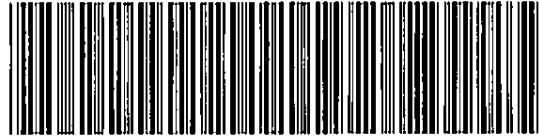
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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01/14/25--01024--015 \*\*130.00

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Ronald G. Caron, Jr. - J.D./LL.M.  
t: 208.472.8832  
f: 208.947.5910  
e: roncaron@me.com

January 02, 2025

*Via U.S. Mail - Certified*  
7019 2970 0001 0375 4269

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Registration of Foreign LLC (114 Southfields, LLC)

Dear Department Official:

Please find the enclosed Application by Foreign LLC to register **114 Southfields, LLC**, an Idaho limited liability of company, as a foreign LLC doing business in the State of Florida.

Also enclosed is payment in the total sum of One Hundred Thirty Dollars and Zero Cents (US \$130.00) for processing. This payment includes the following separate fees:

1) Filing fee for Application	\$ 100.00
2) Designation of Registered Agent	25.00
3) Certificate of Status	5.00
<b>TOTAL</b>	<b>\$ 130.00</b>

Also enclosed is a Certificate of Existence for this LLC issued by the Idaho Secretary of State in support of this application.

I have enclosed a self addressed stamped envelope for the return of any documents to my office.

Please do not hesitate to contact me if there are any questions. My direct phone number is (208) 577-7746.

Respectfully submitted,

Ronald G. Caron, Jr.

RGC:rgc

Enc.

CC: Pacific Registered Agent, Charles Mathias  
Jon & Julia Yost

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 114 Southfields, 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:

Ronald G. Caron Jr.

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

RGC Tax & Estate Solutions, PLLC

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

702 W. Idaho Street, Suite 1100

\_\_\_\_\_  
Address

Boise, ID 83702

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

roncaron@me.com

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

For further information concerning this matter, please call:

Ronald G. Caron, Jr.

208

577-7746

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. 114 Southfields 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. Idaho

3. N/A

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

(FBI number, if applicable)

4. November 21, 2024

(Date first transacted business in Florida, if prior to registration.)  
(See sections 501.0904 & 685.0905, F.S. to determine penalty liability)

5. 2856 E. Windsong Drive

2856 E. Windsong Drive

(Street Address of Principal Office)

6. (Mailing Address)

Boise ID 83712

Boise ID 83712

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

Name: Pacific Registered Agent

Office Address: 5647 110th Avenue North

Royal Palm Beach

33411

(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.

(Registered agent's signature)

Charles F. Mathias, President of Pacific Registered Agents, Inc.

689 JUN 14 11 3:59

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: Jonathan Yost

☐ Member                      Address: 2856 E. Windsong Drive

☐ Authorized                      Boise ID 83712

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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

☒ Manager                      Name: Julia Yost

☐ Member                      Address: 2856 E. Windsong Drive

☐ Authorized                      Boise ID 83712

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

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

RONALD G. CARON, JR.  
\_\_\_\_\_  
Typed or printed name of signer



# STATE OF IDAHO

*Phil McGrane* | Secretary of State

## **Business Office**

450 North 4th Street

PO Box 83720

Boise, ID 83720

December 26, 2024

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**Request Type: Certificate of Existence/Filing**

Request #: 0006035598

Receipt #: 001079897

Issuance Date: 12/26/2024

Copies Requested: 0

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**Regarding: 114 Southfields, LLC**

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 12/10/2021

Status: Active-Existing

Duration Term: Perpetual

File #: 4525145

Formation Locale: IDAHO

Inactive Date:

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### **Certificate of Existence**

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

#### **114 Southfields, LLC**

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

**Idaho Secretary of State**

Processed By: Business Division

**Verification #: 032047118**