

M25000007930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

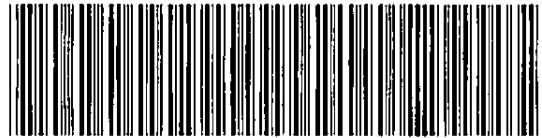
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Office Use Only



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2025 MAY -2 PM 11:15

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pinellas Fourth Avenue 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:

Phyllis A Johnson Trustee

Name of Person

Phyllis Johnson Living Trust Dated April 16, 2007 and any amendments thereto, Phyllis A Johnson

Firm/Company

3645 Marketplace Blvd. STE 130 #35

Address

East Point, GA 30344-5748

City/State and Zip Code

pageajohnson@gmail.com

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

For further information concerning this matter, please call:

Phyllis Johnson

404

8196927

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

*Previously
submitted. Filed
4/18/2025.*

RECEIVED

MAY 02 2025

**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. Pinellas Fourth Avenue LLC

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

23 Commons 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.")

Georgia

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

3. _____
(FEI number, if applicable)

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

5. 1010 Forest Overlook TRI.
(Street Address of Principal Office)

6. 3645 Marketplace Blvd.
(Mailing Address)

Atlanta, GA 30331

STE 130 #35

East Point, GA 30344-5748

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

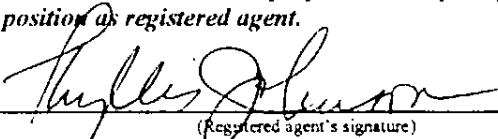
Name: Phyllis Johnson

Office Address: 1336 Alhambra Way South

St. Petersburg 33705
(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)

RECEIVED

MAY 02 2025

FILED
2025 MAY -2 PM 11:14
CLERK OF STATE
TALLAHASSEE, FL

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: Phyllis A Johnson

☒ Member Address: 1010 Forest Overlook TRL SW

☒ Authorized ATL, GA 30331

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Phyllis A Johnson Trustee

☒ Member Address: 3645 Marketplace BLVD

☒ Authorized STE 130 #35

Person East Point, GA 30344-5748

☐ 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.

Phyllis A Johnson TTEE
Signature of an authorized person

Phyllis A Johnson Trustee
Typed or printed name of signer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Pinellas Fourth Avenue LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 29367376
Date Inc/Auth/Filed: 02/01/2025
Jurisdiction : Georgia
Print Date : 05/15/2025
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

COVER LETTER

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Division of Corporations**

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Name of Person

Phyllis Johnson living Trust Dated April 16, 2007 and any Amendments thereto, Phyllis A Johnson, *TTEE*

Firm/Company

3645 Market Place Blvd. STE 130 #35

Address

East Point, GA 30344-5748

City/State and Zip Code

pageajohnson@gmail.com

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

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23 Commons 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. Georgia 3. 75-6741532
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 25, 2006
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1010 Forest Overlook Trail, SW 6. 3645 Marketplace Blvd.
(Street Address of Principal Office) (Mailing Address)

Atlanta, GA 30331 STE 130 #35

East Point, GA 30344-5748

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

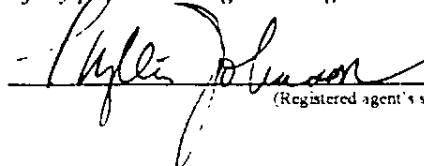
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Office Address: 1336 Alhambra Way South

St. Petersburg 33705
(City) , Florida (Zip code)

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(Registered agent's signature)

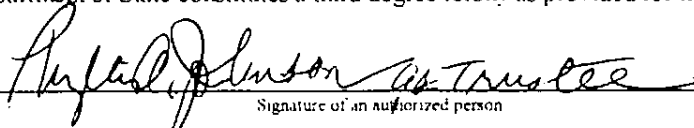
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Phyllis A Johnson, Trustee</u>	☐ Manager	Name: _____
☒ Member	Address: <u>1010 Forest Overlook Trail, SW</u>	☐ Member	Address: _____
☒ Authorized	<u>Atlanta, GA 30331</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☒ Manager	Name: <u>Phyllis A Johnson Trustee</u>	☐ Manager	Name: _____
☒ Member	Address: <u>3645 Marketplace Blvd.</u>	☐ Member	Address: _____
☒ Authorized	<u>STE 130 #35</u>	☐ Authorized	_____
Person	<u>East Point, GA 30344-5748</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

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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

Phyllis A. Johnson

 Typed or printed name of signer



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2025

PHYLLIS A. JOHNSON - TRUSTEE
3645 MARKET PLACE BLVD STE 130 #35
EAST POINT, GA 30344 US

SUBJECT: PINELLAS FOURTH AVENUE LLC
Ref. Number: W25000053284

We have received your document for PINELLAS FOURTH AVENUE 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):

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 \$3,136.25.

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.

Corey Pettway
Regulatory Specialist II

Letter Number: 425A00008336

RECEIVED

MAY 19 2025