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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

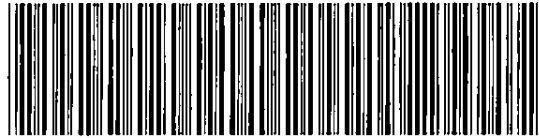
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Casa Tramonto - Naples  
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:

Jennifer Black  
Name of Person

Firm/Company

7011 ORCHARD Lake Road Suite 104  
Address

West Bloomfield, MI 48322  
City/State and Zip Code

jblack@agencyadvantageins.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Black at ( 248 ) 444-4900  
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. Casa Tramonto - Naples L.L.C.  
(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. FLORIDA 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8-1-2025  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6414 Legacy Cir  
(Street Address of Principal Office)  
unit 903

6. 7011 Orchard Lake Road  
(Mailing Address)  
suite 104

Naples, Florida 34113

West Bloomfield, MI

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

Name: Jennifer Black

Office Address: 6414 Legacy Circle unit 903  
Naples, Florida 34113  
(City) (Zip code)

48322  
2025 AUG -6 AM 7:10  
FILED

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.

Jennifer Black  
(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:

Title or Capacity:

Name and Address:

☒ Manager

Name: Jennifer Black

☐ Manager

Name: \_\_\_\_\_

☒ Member

Address: 7011 Orchard Lake Rd

☐ Member

Address: \_\_\_\_\_

☒ Authorized

Suite 104 West Bloomfield

☐ Authorized

\_\_\_\_\_

Person

Mi 48322

Person

\_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ 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)

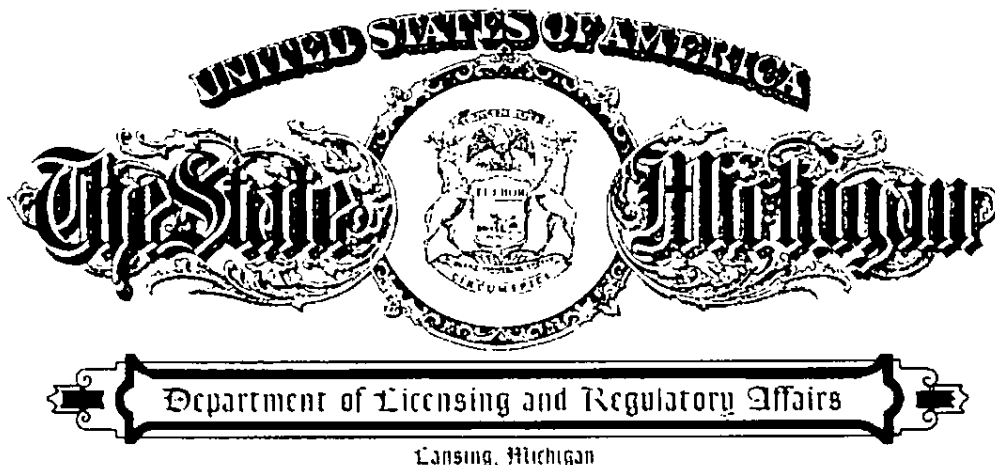
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jennifer Black

Signature of an authorized person

Jennifer Black

Typed or printed name of signer



*This is to certify:*

**Entity Name:** CASA TRAMONTO-NAPLES LLC

**Entity ID#:** 900064195

**Entity Type:** Domestic Limited Liability Company

**Initial Filing Date:** 07/18/2025

**Delayed Effective Date:**

**Formation Jurisdiction:** Michigan

**Act Formed Under:** 023-1993 Michigan Limited Liability Company Act

*That the Annexed List of Images has been compared by me with the record on file in this Department and that the same is a true copy thereof, and the whole of such record and constitutes all documents on file in this office for the above referenced entity.*

*The above referenced entity was validly organized and is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued in conformity with the Act it is formed under, to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand, in the City of Lansing, on July 31, 2025.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 17836

Verify this certificate at: [www.michigan.gov/corpverifycertificate](http://www.michigan.gov/corpverifycertificate)