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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 444-452 Route 7 So., 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:

Augustin Simmons, Esq.
Name of Person

Simmons & Cook PLLC
Firm/Company

2080 McGregor Blvd., Suite 101
Address

Fort Myers, FL 33901
City/State and Zip Code

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

For further information concerning this matter, please call:

Gus Simmons at (239) 204-9376
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. 444 - 452 Route 7 So. LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

444-452 Route 7 So., FL 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. Vermont
(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. 28 Cornelia Ct., Unit 107
Milton, VT 05468
(Street Address of Principal Office)

6. PO Box 69
Milton, VT 05468
(Mailing Address)

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

Name: Simmons & Cook PLLC

Office Address: 2080 McGregor Blvd., Suite 101

Fort Myers (City), Florida 33901 (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)

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: William R Sawyer Overview, Inc.	☐Manager	Name:
☒Member	Address: PO Box 69, Milton, VT 05468	☐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
☐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.

William R Sawyer

Signature of an authorized person

William R Sawyer

Typed or printed name of signer

STATE OF VERMONT
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

I, SARAH COPELAND HANZAS, Secretary of State of the state of Vermont, hereby certify in accordance with 11 V.S.A. § 4028, that on this day the records of the Office of the Secretary of State show that:

444-452 ROUTE 7 SOUTH, LLC

a Vermont limited liability company

IS DULY ORGANIZED under the laws of the state of Vermont; was organized on the 13th day of August, A.D. 2014; and that articles of termination have not been filed for this company.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal of office on this on this 12th day of September, A.D. 2025.

Sarah Copeland Hanzas
Secretary of State

Record No.: 293731
Certificate No.: C2025CT0120759

Certificate may be verified online at:
https://bizfilings.vermont.gov/business/verifycertificate