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FILED

2020 NOV 18 P 3:36

STATE OF CALIFORNIA

New Foreign LLC

NOV 25 2020

D CONNELL

Attention:

Darlene Conner

Enclosed is The Foreign Limited Liability
Company Application for 309 Clematis LLC.

* We have dissolved The Florida Limited
Liability Company for 309 Clematis LLC
effective 11/17/20.

Also attached to the Application is a
check for \$100 (less \$60 from previous
check). Thank you for your attention
to this matter.

Bob Smith

561-677-0282

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 309 Clematis 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:

Scott Smith
Name of Person

Palm Beach Financial Management LLC
Firm/Company

70 Box 3604
Address

West Palm Beach, FL 33402
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott Smith at (561) 677-0282
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

\$100
(less \$60 previously sent)

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. 309 Clematis 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.") Florida Limited Liability Company 309 Clematis LLC has been dissolved 11/17/20

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

3. 85-3057209 (FEI number, if applicable)

4. 01-01-2021 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 309 Clematis Street (Street Address of Principal Office)

6. PO Box 2390 (Mailing Address)

West Palm Beach

West Palm Beach

Florida 33401

Florida 33402

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

Name: Ryan V Kadyszewski, FSA

Office Address: 2560 RCA Blvd, Suite 111

Palm Beach Gardens, Florida 33410 (City) (Zip code)

FILED 2020 NOV 18 P 3:36 DEPT OF STATE TALLAHASSEE FLORIDA

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)

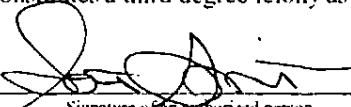
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Summit West Insurance Group LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>307 Clematis Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>West Palm Beach Florida 33401</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Jori Smith

 Typed or printed name of signee

Alaska Entity #10142856

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Organization

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

309 Clematis LLC



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **September 16, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

Date Filed: 09/16/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Organization
Domestic Limited Liability Company

Web-9/16/2020 11:59:18 AM

1 - Entity Name

Legal Name: 309 Clematis LLC

2 - Purpose

The purpose for which 309 Clematis LLC is formed is for the transaction of any and all lawful purposes for a limited liability company may be organized under the laws of the state of Alaska

3 - NAICS Code

722110 - FULL-SERVICE RESTAURANTS

4 - Registered Agent

Name: Corporation Service Company

Mailing Address: 9360 Glacier Highway, Suite 202, Juneau, AK 99801

Physical Address: 9360 Glacier Highway, Suite 202, Juneau, AK 99801

5 - Entity Addresses

Mailing Address: PO Box 2390, West Palm Beach, FL 33402

Physical Address: 309 Clematis Street, West Palm Beach, FL 33401

6 - Management

The limited liability company is managed by a manager.

7 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Row 1: Small Time Restaurant Group LLC, Organizer

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Official(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: John Webb