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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

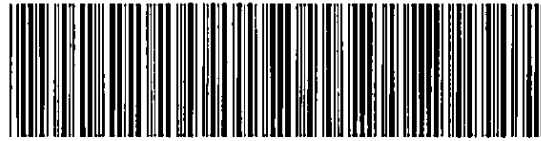
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Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2019

MARY DEON-ROBERTS
2365 SOUTH 2300 EAST
SALT LAKE CITY, UT 84109

SUBJECT: HAZEYRAY SHORES LLC
Ref. Number: W19000072240

We have received your document for HAZEYRAY SHORES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00016193

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAZEYRAY SHORES 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:

MARY DEON-ROBERTS

Name of Person

HAZEYRAY SHORES LLC

Firm/Company

2365 SOUTH 2300 EAST

Address

SALT LAKE CITY, UTAH 84109

City/State and Zip Code

ABBYCELESTE@MSN.COM

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

For further information concerning this matter, please call:

MARY DEON-ROBERTS

518

578-3215

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. HAZEYRAY SHORES 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. NEWYORK

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

3. 20-2855654

(FEI number, if applicable)

4. MAY 15, 2019

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

5. 119 SAILVIEW ROAD

(Street Address of Principal Office)

6. 2365 SOUTH 2300 EAST

(Mailing Address)

20
119-5
MAY 15 2019

MOORESVILLE, NC 28117

SALT LAKE CITY, UT 84109

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

Name: MICHAEL WRIGHT

Office Address: 24353 PIRATE HARBOR BLVD

PUNTA GORDA, Florida 33955
(City) (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:**

Manager Name: WILLIAM CHASE

Member Address: 119 SAILVIEW ROAD

Authorized MOORESVILLE, NC 28117

Person _____

Other _____ Other _____

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

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 _____

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

WILLIAM CHASE

Typed or printed name of signer

State of New York } ss:
Department of State

I hereby certify, that HAZEYRAY SHORES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/09/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 11/12/2010.

A Biennial Statement was filed 01/05/2015.

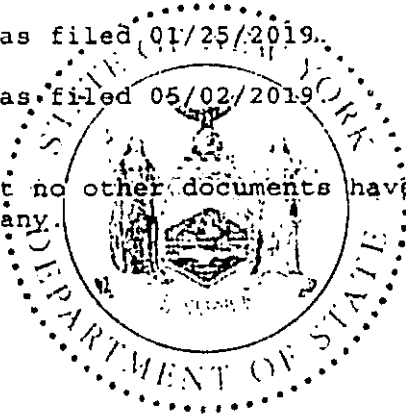
A Certificate of Publication of HAZEYRAY SHORES, LLC was filed on 07/06/2015.

A Biennial Statement was filed 12/19/2016.

A Biennial Statement was filed 01/25/2019.

A Biennial Statement was filed 05/02/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 06th day of November two thousand and twenty.

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State