

M 2100000026321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

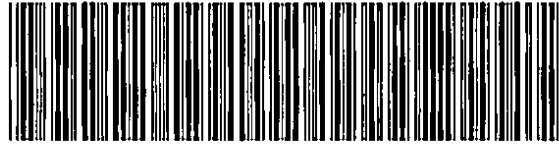
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TALLAHASSEE, FL  
2021 MAR 12 PM 12:26

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US  
3/13/21





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2021

GLENN SIEBERT  
17483 OLD HARMONY DR.  
#202  
FORT MYERS, FL 33908

SUBJECT: PERSPECTIVE VIEW, LLC  
Ref. Number: W21000026321

We have received your document for PERSPECTIVE VIEW, 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):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

3/3/2021  
enclosed

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 621A00004149

RECEIVED  
MAR 05 2021

Entity  
1081662  
Filing date  
6/7/99

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PERSPECTIVE VIEW, 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:

GLENN SIEBERT  
Name of Person

PERSPECTIVE VIEW, LLC  
Firm/Company

17483 OLD HARMONY DR. #202  
Address

FORT MYERS, FL 33908  
City/State and Zip Code

GLENN.SIEBERT@PERSPECTIVEVIEW.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 MAR 12 PM 12:26

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For further information concerning this matter, please call:

GLENN SIEBERT at ( 440 ) 572-5558  
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. PERSPECTIVE VIEW, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A  
(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. Ohio (Jurisdiction under the law of which foreign limited liability company is organized) 3. 34-1899716 (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. 17483 OLD HARMONY DR. # 202 (Street Address of Principal Office) 6. 17483 OLD HARMONY DR. # 202 (Mailing Address)  
FORT MYERS, FL 33908 FORT MYERS, FL 33908

SECTION OF STATE TALLahassee, FL  
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: GLENN SIEBERT  
Office Address: 17483 OLD HARMONY DR. # 202  
FORT MYERS, Florida 33908  
(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.

Glenn Siebert  
(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>GLENN SIEBERT</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>17483 OLD HARMONY DR. # 202</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>FORT MYERS, FL 33908</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Manager	Name: <u>PALOMA BLANCA SIEBERT</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>17483 OLD HARMONY DR. # 202</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>FORT MYERS, FL. 33908</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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 2021 MAR 12 PM 12:26  
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 TALLAHASSEE FL

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

*Glenn Siebert*

Signature of an authorized person

GLENN SIEBERT

Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PERSPECTIVE VIEW, LLC, an Ohio Limited Liability Company, Registration Number 1081662, was organized within the State of Ohio on June 7, 1999, is currently in FULL FORCE AND EFFECT upon the records of this office.*

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2021 MAR 12 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FL



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of March, A.D. 2021.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202106104330