

M22000013638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

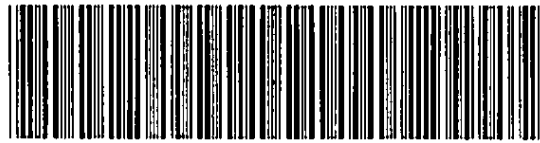
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SEP 01 2022 1:48 PM

SECRETARY OF STATE
CORPORATE SERVICES DIVISION

2022 SEP - 1 PM 1:48

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SEP - 1 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prince of Tides, 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:

Lisa Y. Shorts Pitell
Name of Person
Pitell Law Firm
Firm/Company
Po Box 5148
Address
Niceville, FL 32578
City/State and Zip Code
lyp@lyp-law.com
E-mail address: (to be used for future annual report notification)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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For further information concerning this matter, please call:

Lisa Y. Shorts Pitell at (850) 897-0045
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. Prince of Tides, 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. State of Georgia
(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. 1872 Suzie Street
(Street Address of Principal Office)
6. 70 Holly Hill Road
(Mailing Address)
Eastpoint, Fl 32328
Carrollton, Ga 30116

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

Name: Lisa Y. Shorts Pitell
Office Address: 1402 Cat Mar Road, Suite B
Nicville, Florida 32578
(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)

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SECRETARY OF STATE

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: Elizabeth Prince	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 70 Holly Hill Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Carrollton, GA 30116	<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 _____


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 SECRETARY OF STATE
 TALLAHASSEE, FL 32399

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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
 ELIZABETH MORRIS PRINCE

 Typed or printed name of signee

PITELL

LAW FIRM P.L.L.C.

P.O. Box 5148
NICEVILLE, FLORIDA 32578
(850) 897-0045 • Fax (850) 792-6115

LISA Y. SHORTS PITELL
LL.M., TAXATION, JD, MBA

EMAIL: LYP@LYPLAW.COM
WWW.LYPLAW.COM

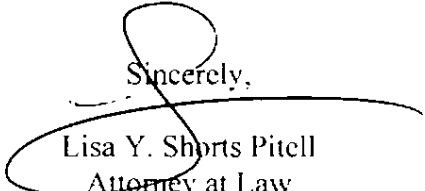
August 30, 2022

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314
Subject: Prince of Tides, LLC
Ref number: W220000094305
Letter number: 122A00017863

Mel,

Our office mistakenly created a new Prince of Tides, LLC on June 9, 2022 and consequentially also dissolved the newly created LLC on June 22, 2022, as it should have been initially filed as a foreign entity. Please find this letter giving permission to release the name with understanding that there is no intention of revoking the dissolution.

Sincerely,


Lisa Y. Shorts Pitell
Attorney at Law

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Prince of Tides, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23323107
Date Inc/Auth/Filed: 05/17/2022
Jurisdiction : Georgia
Print Date : 07/28/2022
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2022

LISA Y SHORTS PITELL
PO BOX 5148
NICEVILLE, FL 32578

SUBJECT: PRINCE OF TIDES, LLC
Ref. Number: W22000094305

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

L22000264587

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

Mel Solomon
Senior Section Administrator

Letter Number: 122A00017863

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SEP 01 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2022

LISA Y SHORTS PITELL
PO BOX 5148
NICEVILLE, FL 32578

SUBJECT: PRINCE OF TIDES, LLC
Ref. Number: W22000094305

We have received your document for PRINCE OF TIDES, LLC and your check(s) totaling \$160.00. 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.

Consina Griffin-Greaux
Regulatory Specialist II

Letter Number: 122A00016008

RECEIVED
AUG 01 2022