

Division of Corporations

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**M190000010866**

Florida Department of State  
Division of Corporations  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: KenJackson@lbjandco.com

**Foreign Limited Liability Company  
Bengal Properties of Florida, LLC**

Certificate of Status	0
Certified Copy	0
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H19000329936

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.1902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Bengal Properties, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")
Bengal Properties of Florida, LLC
(If name is unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
North Carolina
2. (The location under the law of which foreign limited liability company is organized)
3. (FID number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 675.0604 & 605.0605, F.S. to determine priority liability.)
3 Walden Ridge Dr., Suite 300
Asheville, NC 28803
5. (Street Address of Principal Office)
P.O. Box 1157
Arden, NC 28704
6. (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Fisher, Tousey, Leas & Ball, P.A.
Office Address: 501 Riverside Avenue, Suite 600
Jacksonville, Florida 32202
(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 as 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.

By: [Signature]
(Registered agent's signature)

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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: Kenneth G. Jackson

Member        Address: 18 Fall Mountain Rd

Authorized     Address: Asheville, NC 28803

Person \_\_\_\_\_

Other Managing Membe                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager      Name: Douglas McKinney

Member        Address: P.O. Box 907

Authorized     Address: Skyland, NC 28776

Person \_\_\_\_\_

Other Managing Membe                       Other \_\_\_\_\_

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 FEDERAL BUREAU OF INVESTIGATION

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     \_\_\_\_\_

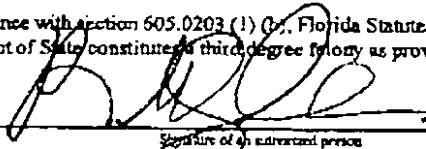
Person \_\_\_\_\_

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

Kenneth G. Jackson, as Managing Member

Typed or printed name of signer

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# NORTH CAROLINA Department of the Secretary of State

H19000329936

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

**BENGAL PROPERTIES, LLC**

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 21st day of May, 2010

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TALLAHASSEE, FLORIDA

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of October, 2019.

*Elaine F. Marshall*

Secretary of State