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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Consist Instructions to		
Special Instructions to	riling Officer.	
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Office Use Only



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DIVISION OF CORPORATION
TALL AHASSEE FLORIDA

J. BRYAN NOV 4 2003

TRANSMITTAL LETTER

TO:	Registration Se Division of Co.			
SUBJ	ECT: LINEBE	CRRY PROPERTIES, INC		
		(Name of corpo	oration - must include suffix)	
Dear S	ir or Madam:			
"Certif		e", and check are submitted	n for Authorization to Transac d to register the above referen	
Please	return all corresp	condence concerning this m	natter to the following:	
Mark	Lineberry			
		(Nar	me of Person)	E 6 8
Lineb	erry Propertie	s, Inc.		75, 20
		(Firr	n/Company)	55.00 19
116 L	ineberry Boul	evard		Friday 1
		(Address)	62
Mt. Ju	liet, TN 3712	22		199
		(City/S	tate and Zip code)	
For fur	ther information	concerning this matter, ple	ase call:	
Mark I	Lineberry	at (615	758-5836	
	(Name of Person		rea Code & Daytime Telepho	one Number)
Registr Divisio 409 E.	ET ADDRESS: ation Section in of Corporation Gaines St. issee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns
Enclose	ed is a check for	the following amount:		
570.	00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

INEBERRY PROPERTIES, INC.	To 5
Enter name of corporation; must include "INCORPORATED inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	STATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA. D," "COMPANY," "CORPORATION,"
	ne adopted for the purpose of transacting business in Florida)
TENNESSEE	3.
tate or country under the law of which it is incorporated)	(FEI number, if applicable)
05/04/1979	5. PERPETUAL
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
JPON QUALIFICATION	
	not transacted business in Florida, insert "upon qualification.") 01, 607.1502 and 817.155, F.S.)
16 LINEBERRY BOULEVARD, MT. JULIET, TN	37122
(Principal office ad	ldress)
16 LINEBERRY BOULEVARD, MT. JULIET, TN	37122
(Current mailing ac	
(=====================================	ddress)
_	ddress)
ANY LAWFUL PURPOSE	,
_	,
ANY LAWFUL PURPOSE (Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida)
ANY LAWFUL PURPOSE (Purpose(s) of corporation authorized in home state or a same and street address of Florida registered agents	country to be carried out in state of Florida)
ANY LAWFUL PURPOSE (Purpose(s) of corporation authorized in home state or Name and street address of Florida registered agents Name: Jeffrey L. Kaplan	country to be carried out in state of Florida)
ANY LAWFUL PURPOSE (Purpose(s) of corporation authorized in home state or Name and street address of Florida registered agents Name: Jeffrey L. Kaplan	country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home state or Name and street address of Florida registered agent: Name: Jeffrey L. Kaplan	country to be carried out in state of Florida) : (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation authorized in home state or Name and street address of Florida registered agent: Name: Jeffrey L. Kaplan ce Address: 655 West Morse Blvd., Suite 212	country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home state or Name and street address of Florida registered agent: Name: Jeffrey L. Kaplan ce Address: 655 West Morse Blvd., Suite 212 Winter Park (City)	country to be carried out in state of Florida) : (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation authorized in home state or Name and street address of Florida registered agent: Name: Jeffrey L. Kaplan ice Address: 655 West Morse Blvd., Suite 212 Winter Park (City) Registered agent's acceptance: ving been named as registered agent and to accept serving been named as registered agent and to accept the appoint the agree to comply with the provisions of all statutes	country to be carried out in state of Florida) : (P.O. Box or Mail Drop Box NOT acceptable) , Florida 32789, Florida Cip code) vice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity, relative to the proper and complete performance of my due
(Purpose(s) of corporation authorized in home state or Name and street address of Florida registered agent: Name: Jeffrey L. Kaplan ice Address: 655 West Morse Blvd., Suite 212 Winter Park (City) Registered agent's acceptance: ring been named as registered agent and to accept serion generated in this application, I hereby accept the appoint	country to be carried out in state of Florida) : (P.O. Box or Mail Drop Box NOT acceptable) , Florida 32789, Florida Cip code) vice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity, relative to the proper and complete performance of my due
(Purpose(s) of corporation authorized in home state or Name and street address of Florida registered agent: Name: Jeffrey L. Kaplan ice Address: 655 West Morse Blvd., Suite 212 Winter Park (City) Registered agent's acceptance: ring been named as registered agent and to accept serving been named as registered agent and to accept the appoint the agree to comply with the provisions of all statutes	country to be carried out in state of Florida) : (P.O. Box or Mail Drop Box NOT acceptable) , Florida 32789, Florida Cip code) vice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity, relative to the proper and complete performance of my due

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: ___ Address: __ Vice Chairman: Address: _ Director: Dewey L. Lineberry Address: 116 LINEBERRY BOULEVARD, MT. JULIET, TN 37122 Director: D. Mark Lineberry Address: 116 LINEBERRY BOULEVARD, MT. JULIET, TN 37122 **B. OFFICERS** President: Dewey L. Lineberry Address: 116 LINEBERRY BOULEVARD, MT. JULIET, TN 37122 Vice President: D. Mark Lineberry Address: 116 LINEBERRY BOULEVARD, MT. JULIET, TN 37122 Secretary: _ Treasurer: __ Address: ___ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. D. Mark Lineberry, Director/Vice President

(Typed or printed name and capacity of person signing application)

Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 10/23/2003 REQUEST NUMBER: 03296525 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/04/1979 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0065176 JURISDICTION: TENNESSEE

SCOTT D CLARK, PA 655 W MORSE BLVD STE 212 WINTER PARK, FL 32789 REQUESTED BY: SCOTT D CLARK, PA 655 W MORSE BLVD STE 212 WINTER PARK, FL 32789

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "LINEBERRY PROPERTIES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED



FOR: REQUEST FOR CERTIFICATE

WINTER PARK, FL 32789-0000

ON DATE: 10/23/03

RECEIVED:

FEES \$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00003374967 ACCOUNT NUMBER: 00439007



SCOTT D CLARK, PA 655 W MORSE BLVD STE 212

FROM:

RILEY C. DARNELL SECRETARY OF STATE