F2Mm04571 (Requestor's Name) (Address) 400349710654 (Address) (City/State/Zip/Phone #) PICK-UP 🗌 WAIT MAIL 08/07/20--01024--010 **125.00 (Business Entity Name) (Document Number) Certificates of Status Certified Copies _____ 179 C. 13 F! 4: 02 Special Instructions to Filing Officer: W20000094970

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| ~ | COVER LETTER • | ł |
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| 9: Registration Section Division of Corporations | | |
| Florida Land Advisors - BJECT: | Jacksonville LLC | |
| DJEC1: | Name of Limited Liability Company | |
| | a Limited Liability Company for Authorization to Transact Busines register the above referenced foreign limited liability company to t | |
| ase return all correspondence conc | erning this matter to the following: | |
| Forrest Logan Holz | | |
| | Name of Person | |
| Land Advisors Org | anization | |
| | Firm/Company | |
| 111 Solano Road, S | Suite B | |
| | Address | <u> </u> |
| Ponte Vedra Beach | . FL 32082 | |
| | City/State and Zip Code | ŕ |
| lholz@landadvisors. | | L |
| E | mail address: (to be used for future annual report notification) | |
| r further information concerning th | is matter, please call: | 3 87 82 |
| Forrest Logan Holz | 904 509-4608 at () | |
| Name of Co | ontact Person Area Code Daytime Telephon | ie Number 👝 |
| Mailing Address: Registration Section Division of Corporatior P.O. Box 6327 Tallahassee, FL 32314 | Street Address:Registration SectionDivision of CorporationsThe Centre of Tallahassee2415 N. Monroe Street, Suite 810 | |
| Enclosed is a check for the f Please make check payable f | Tallahassee, FL 32303 ollowing amount: o: FLORIDA DEPARTMENT OF STATE \$130.00 Filing Fee & I \$155.00 Filing Fee & \$160.00 |) Filing Fee, Cer Status & Certifie |

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

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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:

L. Florida Land Advisors - Jacksonville, LLC

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| i name unavaliable, enter atternate | name adopted for the purpose of transacting business in Fl | lorida. The | alternate name must include "Limited Liabilit | y Company," "L.L.C." or | - <u></u> 1.1 |
|-------------------------------------|---|-------------|---|---------------------------------------|---------------|
| Arizona | | 3 | 85-1691525 | I | |
| (Jurisdiction under the law of v | which foreign limited hability company is organized) | .د | (FEI number, if | applicable) | - |
| N/A | | | | | |
| · | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi | registratio | n.) Tiability) | <u>.</u> ! , | |
| Land Advisors Organi | | , | Land Advisors Organization | | |
| treet Address of Principal Office) | <u></u> | 6. | (Mailing Address) | <u>.</u> | _ |
| 111 Solano Road, Suit | еВ | | 4900 Scottsdale Road | | |
| Pont Vedra Beach, FL | 32082 | | Scottsdale, AZ 85251 | 7 | _ |
| | | | | · · · · · · · · · · · · · · · · · · · | - |
| Name and <u>street addre</u> | ss of Florida registered agent: (P.O. Box | <u>NOT</u> | acceptable) | | |
| Name: | Forrest Logan Holz | | | - CS | |
| Office Address: | 4480 Coquina Drive | | | - It: C2 | |
| Office Address: | | | | , 0 | |
| | Jacksonville Beach | | 32250 , Florida | | |

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.

| 1 | |
|--------------------------------|--|
| (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: | <u>Title or Capacit</u> | <u>y:</u> | Name and Address: |
|--------------------|---------------------------------|-------------------------|-----------|-------------------|
| Manager | Forrest Logan Holz Name: | □Manager | Name: | <u> </u> |
| Member | Address: 4480 Coquina Drive | □Member | Address: | |
| □Authorized | Jacksonville Beach. FL 32250 | □Authorized | | |
| Person | | Person | | - <u>,</u> |
| Other | Other | Other | | Other |
| 🖿 Manager | Name: | □Manager | Name: | <u> </u> |
| □Member | Address: | □Member | | |
| Authorized | Scottsdale, AZ 85251 | Authorized | | |
| Person | | Person | | · · |
| Other | Other | □Other | | Other |
| □Manager | The Land Advisors Organization, | □Manager | Name: | |
| □Member | Address: | □Member | Address: | • |
| Authorized | Scottsdale, AZ 85251 | □Authorized | | |
| Person | | Person | | |
| Other | Other | □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.

| Tr. | |
|--------------------|-----------------------------------|
| | Signature of an authorized person |
| Forrest Logan Holz | |
| | I yped or printed name of signee |

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2020

FORREST LOGAN HOLZ 111 SOLANO ROAD STE B PONTE VEDRA BEACH, FL 32082 US

SUBJECT: FLORIDA LAND ADVISORS - JACKSONVILLE LLC Ref. Number: W20000094970

We have received your document for FLORIDA LAND ADVISORS -JACKSONVILLE 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):

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, iduly 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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 120A00016298

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314