

MO7000004287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

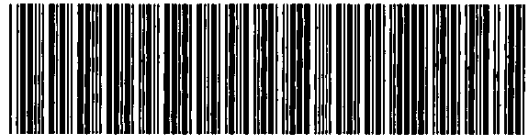
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07 JUL 18 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Strategic Alliance Management, 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:

Terry Crow

(Name of Person)

Strategic Alliance Management, LLC

(Firm/Company)

PO Box 52067

(Address)

Knoxville, TN 37950-2067

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Terry Crow

(Name of Person)

at ( 865 ) 251-4806

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$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  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

**1. Strategic Alliance Management, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

**Strategic Alliance Managers, LLC**

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

**2. Tennessee**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 26-0025695**

(FEI number, if applicable)

**4. 12/19/2001**

(Date of Organization)

**5. Perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6. 07/16/07**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

**7. 3612B Henson Rd**

**Knoxville, TN 37921**

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

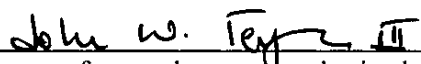
**Stephen D Hall, 3612B Henson Rd, Knoxville, TN 37921**

**John W Ferguson III, 3600 Henson Rd Knoxville, TN 37921**

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

**Multi-Family Property Management**

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**John W Ferguson, III**

Typed or printed name of signee

**FILED**  
07 JUL 18 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Strategic Alliance Management, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

Strategic Alliance Managers, LLC

2. The name and the Florida street address of the registered agent and office are:

Michael Phelps

(Name)

3651 42nd Avenue South

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

St Petersburg, FL 33711

FL

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

Michael Phelps

(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ISSUANCE DATE: 07/16/2007  
REQUEST NUMBER: 07197508  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/14/2001  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: 12/14/2066  
CONTROL NUMBER: 0418574  
JURISDICTION: TENNESSEE

TO:  
STRATEGIC ALLIANCE MANAGEMENTY LLC  
3612B HENSON RD  
KNOXVILLE, TN 37921

REQUESTED BY:  
STRATEGIC ALLIANCE MANAGEMENTY LLC  
3612B HENSON RD  
KNOXVILLE, TN 37921

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"STRATEGIC ALLIANCE MANAGEMENT, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF  
FORMATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;  
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

**FILED**  
**07 JUL 18 AM 11:17**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

FOR: REQUEST FOR CERTIFICATE

ON DATE: 07/16/07

FROM:  
STRATEGIC ALLIANCE MGMT, LLC  
PO BOX 52067

KNOXVILLE, TN 37950-2067

RECEIVED: FEES \$20.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00004239136  
ACCOUNT NUMBER: 00524939



*Riley C Darnell*

**RILEY C. DARNELL**  
**SECRETARY OF STATE**