

M08000003158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUL - 7 2008

EXAMINER



100132005701

07/02/08--01005--019 **130.00

08 JUL -2 PM 1:59

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION



MELANIE A. ALLEN

E-mail: mallen@brunini.com
Direct: 601.973.8738

1400 Trustmark Building
248 East Capitol Street
Jackson, Mississippi 39201
Telephone: 601.948.3101

Post Office Drawer 119
Jackson, Mississippi 39205
Facsimile: 601.960.6902

April 22, 2008

Florida Secretary of State
Division of Corporation
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Atlantis East Summitt, LLC

Dear Sir or Madam:

Enclosed you will find our check numbered 174800 in the amount of \$130.00 representing fees for Application by Foreign LLC for Authorization to Transact Business in Florida regarding the above.

Please file same and return to me at your earliest convenience. If you have any questions, please do not hesitate to call me directly at 601-973-8738.

Sincerely,

Brunini, Grantham, Grower & Hewes, PLLC

Melanie A. Allen
Legal Assistant

MAA/encl

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantis East Summitt, 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:

Melanie Allen

(Name of Person)

Brunini, Grantham, Grower & Hewes, PLLC

(Firm/Company)

248 East Capitol, 1400 Trustmark Building

(Address)

Jackson, MS 39201

(City/State and Zip Code)

For further information concerning this matter, please call:

Melanie Allen

(Name of Person)

at (601) 973-8738

(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. **Atlantis East Summitt, 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 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. **Mississippi**

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

3. _____

(FEI number, if applicable)

4. **6/24/08**

(Date of Organization)

5. **Perpetual**

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

6. _____

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

7. **125 Woodmont Way**

Ridgeland, MS 39157

(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:

Mark J. Shapley

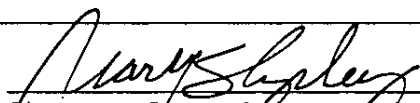
125 Woodmont Way

Ridgeland, MS 39157

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUL -2 PM 1:59

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: **Real Estate Investment**



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.)

Mark J. Shapley

Typed or printed name of signee

**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:

Atlantis East Summitt, LLC

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

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

Capital Connection, Inc.

(Name)


417 E. Virginia St., #1

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

Tallahassee, 32301

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.



(Signature)

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

State of Mississippi

Office of the Secretary of State

C. Delbert Hosemann, Jr., Secretary of State
Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMAN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

ATLANTIS EAST SUMMITT, LLC

Formed June 24, 2008

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

125 WOODMONT WAY
RIDGELAND MS 39157

and that the registered agent at that address is:

SHAPLEY, MARK J

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand
and seal of office
June 26, 2008

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr.".

C. Delbert Hosemann, Jr.
Secretary of State