

M090002157

Electronic Filing Cover Sheet

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(((H09000134702 3)))



H090001347023ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HARRISON, SALE, MCCLOY & THOMPSON
Account Number : 076630000526
Phone : (850) 769-3434
Fax Number : (850) 769-6121

FILED
09 JUN -5 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SBTS NM INVESTORS, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$160.00 |

D. BRUCE
JUN 08 2009
EXAMINER

JUN-05-2009 08:08

FROM-HARRISON, SALE, MCCLOY & THOMPSON

+7666121

T-619 P 001/006 F-542



June 4, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HARRISON, SALE, MCCLOY & THOMPSON

SUBJECT: SBTS NM INVESTORS, LLC
REF: W09000026060

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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, duly 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.

The enclosed "request for certificate of existence/authorization (good standing)" and printout from the Tennessee Secretary of State 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) 245-6967.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H09000134702
Letter Number: 509A00018753

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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H09000134702 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBTS NM Investors, 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:

Franklin R. Harrison
Name of Person

Harrison, Sale, McCloy, Duncan & Jackson, Chtd.
Firm/Company

304 Magnolia Avenue
Address

Panama City, Florida 32401
City/State and Zip Code

sslack@harrisonsale.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Slack at (850) 769-3434
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
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 TRANSACT BUSINESS IN FLORIDA

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

1. SBTS NM Investors, 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. Tennessee (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-2218723 (FEI number, if applicable)

4. March 19, 2008 (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. 202 Regions Bank Building, Shelbyville, TN 37162 (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: Explore Investment, LLC, Post Office Box 169, Shelbyville, TN 37162; Firehouse Properties, Post Office Box 169, Shelbyville, TN 37162; David L. Howard, Post Office Box 169, Shelbyville, TN 37162

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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 transaction

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.) Franklin R. Harrison 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:

SBTS NM Investors, LLC

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

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

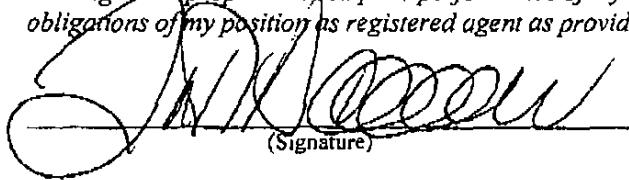
Franklin R. Harrison
(Name)

304 Magnolia Avenue
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Panama City, FL 32401
City/State/Zip

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TALLAHASSEE, 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 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)

JUN-05-2009 08:09

FROM-HARRISON, SALE, MCCLOY & THOMPSON

+7696121

T-619 P.006/006 F-542

H09000134702 3

Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/29/2009
REQUEST NUMBER: 09149566
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 03/19/2008
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0573099
JURISDICTION: TENNESSEE

TO:
HARRISON SALE MCCLOY THOMPSON/SUE WEBB
PO DRAWER 1579

PANAMA CITY, FL 32402

REQUESTED BY:
HARRISON SALE MCCLOY THOMPSON/SUE WEBB
PO DRAWER 1579

PANAMA CITY, FL 32402

CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"SBTS NM INVESTORS, 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/29/09

FROM:
HARRISON, SALE, MCCLOY THOMPSON DUNCAN
PO BOX 1579

PANAMA CITY, FL 32402-0000

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

RECEIPT NUMBER: 00004629215
ACCOUNT NUMBER: 00239360



SS-4458

Tre Hargett
TRE HARGETT
SECRETARY OF STATE

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