

MD910000039910

(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:

L. SELLERS

OCT - 8 2009

EXAMINER

Office Use Only



000161216910

10/07/09--01024--008 *55.00

FILED
09 OCT -7 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA



ATTORNEYS AT LAW

JIM K. FARRAR, CP, FRP
Certified Paralegal
Florida Registered Paralegal

904 . 346 . 5789
jfarrar@rtlaw.com

1301 Riverplace Boulevard • Suite 1500
Jacksonville, Florida 32207

904 . 398 . 3911 Main
904 . 396 . 0663 Fax
www.rtlaw.com

October 6, 2009

VIA FEDERAL EXPRESS

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**RE: Application by Foreign Limited Liability Company for Authorization
to Transact Business in Florida**

Dear Sir/Madam:

Please find enclosed an application by foreign limited liability company for authorization to transact business in Florida, along with the appropriate documents for filing with the Division of Corporations. Also enclosed is Devon Orlando/WSTC, LLC's check in the amount of \$155.00 in payment of the filing fee as well as a certified copy. Should you have any questions, please do not hesitate to call.

Sincerely yours,

A handwritten signature in cursive script that reads "Jim K. Farrar".

Jim K. Farrar, CP, FRP
Certified Paralegal
Florida Registered Paralegal

Enclosures

cc: James M. Riley, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Devon Orlando/WSTC, 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:

Jill Van Beke

Name of Person

Devon Group, LLC

Firm/Company

6330 Baum Drive

Address

Knoxville, TN 37919

City/State and Zip Code

jillvanbeke@devongroupllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Van Beke

Name of Person

at (865) 342 8717

Area Code & Daytime Telephone Number

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
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. Devon Orlando/WSTC, 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 3. 27-0563406
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/8/2009 5. Perpetual
(Date of Organization) (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. 6330 Baum Drive
Knoxville, Tennessee 37919
(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:

Robert S. Talbott, 6330 Baum Drive, Knoxville, TN 37919

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

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.)
Robert S. Talbott, Manager
Typed or printed name of signee

FILED
09 OCT -7 AM 8:30
TALLAHASSEE FLORIDA
SECRETARY OF STATE

**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:

Devon Orlando/WSTC LLC

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

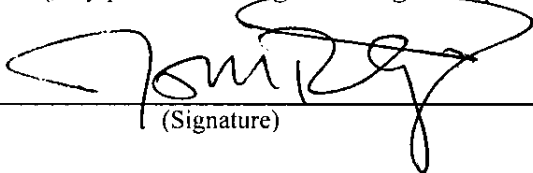
2. The name and the Florida street address of the registered agent and office are:

James M. Riley
(Name)

1301 Riverplace Blvd., Ste. 1600
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Jacksonville, FL 32207
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)

FILED
09 OCT -7 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ISSUANCE DATE: 09/18/2009
REQUEST NUMBER: 09261509
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/08/2009
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0605816
JURISDICTION: TENNESSEE

TO:
DEVON GROUP LLC
6330 BAUM DR
KNOXVILLE, TN 37919

REQUESTED BY:
DEVON GROUP LLC
6330 BAUM DR
KNOXVILLE, TN 37919

CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"DEVON ORLANDO/WSTC 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 ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/18/09

FROM:
DEVON ORLANDO/WSTC, LLC
1635 WESTERN AVE
KNOXVILLE, TN 37921-0000

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

RECEIPT NUMBER: 00004670479
ACCOUNT NUMBER: 00642546



Tre Hargett
TRE HARGETT
SECRETARY OF STATE