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T. HAMPTON

APR - 8 2010

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Payne Enterprises  Name of Limited Liability	y Company
The enclosed "Application by Foreign Limited Liability Company for Au Existence, and check are submitted to register the above referenced foreign	thorization to Transact Business in Florida," Certificate of gn limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:	
Adona Payne Name of Person	n
Payne Enterprise Firm/Company	s,llc
14238 Cherry Tr	ee Rd
Carnel, IN City/State and Zip	
	Sbcglobal.net
For further information concerning this matter, please call:	
Adona Payne at (3) Name of Person Area Code & Da	ytime Telephone Number
MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRES Division of Corpora Registration Section Clifton Building 2661 Executive Cer Tallanassee, FL 323	itions . Iter Circle
Enclosed is a check for the following amount:	
	0 Filing Fee & \$\sum \\$160.00 Filing Fee, Certificate Certified Copy 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: Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Sung Florida RV Park, UC
(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.") Jandtana (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable) November 14, 2005
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: Adora Payne 14238 Chern Tree Rd, Carnel, IN 46033 . Michael S. Payne 14238 Cherry Tree Rd, Carmel, IN 46033 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: <u>Selling or leasing</u> Yogi Bear's Jellystone Park Camp Resort (Apopla) RV lots owned in 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.)

Typed or printed name of signee

Hdona

Payne, nember

## 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:

	e alternate to be used in			
`	ر I the Florida street addre			e:
	Adona	Payne (Name)		·
-	Florida Street	Address (P.O. Box N	OT ACCEPTABLE)	
	Orlando	FL City/State/7:	32822	
		City/State/Zi	p	•
liability company agent and agree t relating to the pro	ned as registered agent and at the place designated to act in this capacity. I poper and complete perfort position as registered ag	in this certificate, I further agree to co mance of my dutie	hereby accept the app mply with the provisions, and I am familiar w	pointment as register ons of all statutes with and accept the

\$ 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 INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### PAYNE ENTERPRISES, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 14, 2005, and was in existence or authorized to transact business in the State of Indiana on April 02, 2010.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of April, 2010.

Cook Copies

TODD ROKITA, Secretary of State

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