# 120000245

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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B. KOHR EXAMINER



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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Pro I FAM AUCTION CO, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:
Jeff Bowlin Name of Person
Pro Team Auction Co., LLC Firm/Company
1715 GARDEN Village Drive, STEA.
White Pine TN. 37890 City/State and Zip Code
Jeffa proteambid com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeff Bowlin at (865) 771 - 0835  Name of Person 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:  \$\int_{\$125.00 \text{ Filing Fee}} \int_{\$130.00 \text{ Filing Fee}} \& \int_{\$Certificate} \int_{\$

# 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. Pro TEAM Auction Company LLC.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
<del>2</del>
(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. STATE OF TENNESSEE 3. 45-3459321  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. September 27, 2011 5. Renew every year (Duration: Year limited liability company will cease to exist of "perpetual")
6. NA - Have not yet transacted any business.  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7
1715 Garden Village Drive Suite A White Pine, Tr. (Street Address of Trincipal 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:
Member Managed - Jeff Pomolin 1715 Garden Village Drive, STEA
1715 GArden Village Drive STEA
White Pine Tn. 37890
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:
Business.
Velley M. Bowli
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. I am aware that any false information submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Jeffery M Kaulin

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.

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)

Certificate of Status (optional) 5.00

ProTeam Auction Co.

WEEKS AUCTION CO. INC.

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## STATE OF TENNESSEE Tre Hargett, Secretary of State

**Division of Business Services** 

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

**JEFF BOWLIN** 

STE A

1715 GARDEN VILLAGE DR WHITE PINE, TN 37890

Request Type: Certificate of Existence/Authorization

Request #:

0055365

**Document Receipt** 

Receipt #: 591567

Payment-Credit Card - TennesseeAnytime Online Payment

Pro Team Auction Company, LLC Regarding:

Filing Type:

Limited Liability Company - Domestic Formation/Qualification Date: 09/27/2011

Status:

Active

**Duration Term: Perpetual** 

Issuance Date: 01/03/2012

Copies Requested:

Filing Fee:

\$22.25

\$22.25

January 3, 2012

Control #:

668473 Date Formed:

Formation Locale: JEFFERSON

09/27/2011

COUNTY

Inactive Date:

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### Pro Team Auction Company, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Web User

Verification #: 000216513: .

Phone 615-741-6488 \* Fax (615) 741-7310 \* Website: http://tnbear.tn.gov/