Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CHECKMATE Account Number : I20030000146 : (941)366-1819 Phone : (866)582-8258 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company SONNY CALHOUN PROPERTIES, LLC

Certificate of Status	0
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G. MCLEOD

JAN 3 0 2012

EXAMINER

1/27/2012

COVER LETTER

SUBJECT: OCITITE OF ICEL	OUN PROPERTIES, LLC
	Name of Limited Liability Company
	ited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning	g this matter to the following:
	Name of Person
CHECK MATE L	ICENSING SERVICE
	Firm/Company
4411 BEE RID	GE RD. #257
	Address
SARASOTA, FL	. 34233
	City/State and Zip Code
	CHECKMATEPLACE.COM
E-mail a	ddress: (to be used for future ennual report notification)
For further information concerning this ma	tter, please call:
STALEY	at (941) 366.1819
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations Registration Section	Division of Corporations Registration Section
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301

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:

f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copuscent of the managers or managing members adopting the alternate name. The alternate name must include "Limitompany," "L.L.C," "LLC.")	ed Liability
GEORGIA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-0197214 (FEI number, if applicable)	
05/16/2007 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cexist or "perpetual")	case to
1/28/12 (Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7005 LAUREL OAK DR.	
SUWANEE, GA 30024	
(Street Address of Principal Office)	
If limited liability company is a manager-managed company, check here	27 SSE
The name and usual business addresses of the managing members or managers are as follows:	E. FLO
SONNY CALHOUN PROPERTIES, LLC	SI
7005 LAUREL OAK DR.	10 10 00 00 00 00 00 00 00 00 00 00 00 00
SUWANEE, GA 30024	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languaristic of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: RESIDENTIAL CONSTRU	uagc, a
. Nature of business of purposes to be conducted or promoted in Prortia.	
	······································
Signature of a member or an authorized representative of a member.	
(In secondance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the	j

SANFORD S CALHOUN JR FOR SONNY CALHOUN PROPERTIES, LLC

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.

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:	
SANFORD S. CALHOUN, Jr (Name)	-
6430 GULF DR. Florida Street Address (P.O. Box NOT ACCEPTABLE)	<u>.</u>
HOLMES BEACH FL 34217 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)

Control No. 07041590

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SONNY CALHOUN PROPERTIES, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 05/16/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Amnotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 26th day of January, 2012

B:Ph

Brian P. Kemp Secretary of State

Certification Number, 7967645-1 Reference, Verify this certificate online at http://corp.soa.esste.ga.us/corp/soakb/verify.asp