# M14000000321

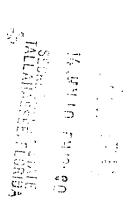
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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J. Shivers JAN 17 2013

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

| SUBJECT: Regency (  | Daks Escambia, LLC   |
|---|--|
|   | Name of Limited Liability Company  |
| The enclosed "Application Existence, and check are su   | by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of bmitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return all correspond  | dence concerning this matter to the following:   |
| Joe D.  | Stevens  |
|   | Name of Person   |
| Wise C  | arter Child & Caraway, PA  |
|   | Firm/Company   |
| P. O. B   | ox 990   |
|   | Address  |
| Hatties   | burg, MS 39403-0990  |
| <del></del>   | City/State and Zip Code  |
| jds@wis   | secarter.com   |
|   | E-mail address: (to be used for future annual report notification)   |
| For further information con   | cerning this matter, please call:  |
| Joe D. Stever   | s <sub>at (</sub> 601 ) 582-5551   |
| 1   | Name of Person Area Code Daytime Telephone Number  |
| MAILING ADDR<br>Division of Corpor<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32 | rations Division of Corporations on Registration Section Clifton Building  |
| Enclosed is a check for ☐ \$125.00 Filing I   |  |

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Regency Oaks Escambia, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C   | 1 1 (II 1 C 2)                             | _                   |
|---|--|---------------------|
| (Name of Poteign Climica Liability Company, must include Limited Diability Company, "L.L.C.   | a,n or mbbCar)                             |                     |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and consent of the managers or managing members adopting the alternate name. The alternate name must inc Company," "L.L.C," "LLC.")   | attach a copy of th<br>lude "Limited Liab  | e written<br>pility |
| 2. Mississippl 3. 46-4409508  |  |                     |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applica company is organized)  | ble)                                       | _                   |
| 4. Date of Filing   | •  |                     |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  | ·-   |                     |
| 5. 14 Bellegrass Blvd   |  |                     |
| Hattiesburg, MS 39402   |  | _                   |
| (Street Address of Principal Office)  |  | -                   |
| 6. Same as above  |  |                     |
|   |  |                     |
| (Mailing Address)   | <u></u>                                    |                     |
| 7. The name, title or capacity and address of the person(s) who has/have authority to m   | anage is/are                               |                     |
| David C. Oliver, Sole Member/Managing Member  |  | fine<br>A           |
|   |  | - <del>-</del> -    |
|   | 71.  |                     |
|   | <u> </u>                                   | 12                  |
|   | 95   | ī; ,                |
| Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official to the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in ranslation of the certificate under outh of the translator must be submitted.)  Signature of an authorized person | naving custody of re<br>a foreightlanguage | icords              |
| (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation   | n under the                                |                     |
| penalties of perjury that the facts stated herein are true. I am aware that any false information sidocument to the Department of State constitutes a third degree felony as provided for in s  | ubmitted in a                              |                     |

Typed or printed name of signee

David C. Oliver, Sole Member/Managing Member

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| Regency Oaks Escambi         | a, LLC   |            |
|------------------------------|--|------------|
| f unavailable, the alternate | to be used in the state of Florida is:   |            |
| 2. The name and the Florid   | la street address of the registered agent and office are                       | ::         |
|                              |  |            |
| C T Corpo                    | oration System   | 2 1 %<br>1 |
| C T Corpo                    | Oration System (Name)  | THE TANK   |
|                              |  | TALLARS    |
|                              | (Name)   | ALLAHASS   |
|                              | (Name)  Ith Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE) | <u> </u>   |

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 605, Florida Statutes.

James M. Halpin

Signaldires Stant Secretary

\$ 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 Mississippi

#### Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

#### **CERTIFICATE**

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

REGENCY OAKS ESCAMBIA, LLC

Formed January 6, 2014

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

601 ADELINE STREET HATTIESBURG MS 39401

and that the registered agent at that address is:

STEVENS, JOE D.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand and seal of office January 9, 2014

C. Delbert Hosemann, Jr. Secretary of State

Dellet Hosemann, dr.

Certification Number: 13145290-1 Page I of I Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp