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#### **COVER LETTER**

-	istration Section sion of Corporation	s			
SUBJECT:	Select Bro	okers, LLC			
SCIGLCI.	•	Name of Limi	ited Liability Company		
				to Transact Business in Florida," Cert ability company to transact business i	
Please return	all correspondence co	oncerning this matter to th	ne following:		
	Edmond	d Green			
			Name of Person		
	Select E	Brokers, LLC			
			Firm/Company		
	693 Dal	vigney St, S	Ste 116		
			Address		
	Atlanta,	GA 30318			
		City	State and Zip Code		
	yourhou	sehunter2@	gmail.com		
		E-mail address: (to be us	sed for future annual report	notification)	
For further in	formation concerning	this matter, please call:			
Ki	imberly Ri	ce	<sub>at</sub> 443 \ 2	204-2352	
	Name of	Contact Person	Area Code	Daytime Telephone Number	
Divi Regi P.O.	sion of Corporations estration Section Box 6327 ahassee, FL 32314	Divisi Regis Clifto 2661	cer Address: ion of Corporations tration Section n Building Executive Center Circle nassee, FL 32301		
	s a check for the for 125.00 Filing Fee	ollowing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fe	ee & 🖬 \$160.00 Filing Fee, Certification of Status & Certified Copy	

## 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:

f name unavailable, enter alternate name adopted for the purpose of transacting bu	siness in Florida. The alternate name must include "Limited
	474797
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to deter	ior to registration.) mine penalty liability)
235 Portsmouth Court	
Roswell, GA 30076	
(Street Address of Principal	Office)
693 Dalvigney St, Ste 116	
Atlanta, GA 30318	
(Mailing Address)	
. The name, title or capacity and address of the person(s) who	has/have authority to manage is/are:
dmond Green Managing Partner 693 Dalvigney	St, Ste 116, Atlanta, GA, 30318
Kimberly Rice Assisting Agent 693 Dalvigney S	St. Ste 116, Atlanta, GA 30318
	Sa sam
	#####################################
Attached is an original certificate of existence, no more than aving custody of records in the jurisdiction under the law of we ceptable. If the certificate is in a foreign language, a translation ust be submitted)	hich it is organized. (A photoeopy is not
aving custody of records in the jurisdiction under the law of water ceptable. If the certificate is in a foreign language, a translation	hich it is organized. (A photogopy is not

Typed or printed name of signee

**Edmond Green** 

# 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.

1. T	The	name	of the	Limited	Liability	Company	is:
------	-----	------	--------	---------	-----------	---------	-----

#### Select Brokers, LLC

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

#### SB International, LLC

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

Ting Wilson
(Name)

1231 Enter Prise Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Lakeland

FL 33805

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 605. Florida Statutes.

\$ 100.00

Filing Fee for Application

\$ 25.00

**Designation of Registered Agent** 

\$ 30.00

**Certified Copy (optional)** 

\$ 5.00

Certificate of Status (optional)

### Secretary of State

Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 140509K32
CONTROL NUMBER : 08078222
DATE INC/AUTH/FILED: 10/10/2008
JURISDICTION : GEORGIA
PRINT DATE : 5/09/2014

FORM NUMBER : 211

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## SELECT BROKERS LLC A DOMESTIC LIMITED LIABILITY COOMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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 abovenamed 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 Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B: P.L

Brian P. Kemp Secretary of State