

W14000004574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

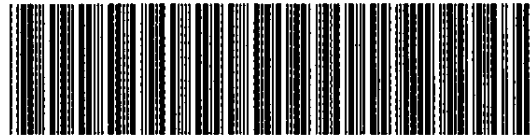
Special Instructions to Filing Officer:

JUN 27 2014

A. LUNT

W14-34737

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2014 JUN 26 PM 4:38  
CLERK OF COURT  
PALM BEACH, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2014

ULLI STEINER-MASSEY  
1105 W MAPLE AVE.  
GENEVA, AL 36340

SUBJECT: SHERRI YOUNG AGENCY, LLC  
Ref. Number: W14000034737

We have received your document for SHERRI YOUNG AGENCY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 514A00012052

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SHERRI YOUNG AGENCY, LLC**  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:

**ULLI STEINER-MASSEY**

Name of Person

**TAX PROFESIONAL SERVICES, LLC**

Firm/Company

**1105 W MAPLE AVE**

Address

**GENEVA, AL. 36340**

City/State and Zip Code

**ulli@taxprollc.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ULLI STEINER-MASSEY** at **334** **684-6398**

Name of Contact 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:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

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

1. **SHERRI YOUNG AGENCY, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **ALABAMA**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **90-0925321**

(FEI number, if applicable)

4. **MAY 20, 2013**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **100 WEST ENGLISH STREET**

**SAMSON, AL. 36477**

(Street Address of Principal Office)

6. **100 WEST ENGLISH STREET**

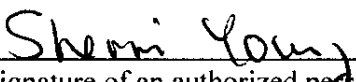
**SAMSON, AL. 36477**

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**SHERRI S YOUNG, MGR**

8. 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)

  
Signature of an authorized person

(In accordance with section 605.0203, 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.)

**SHERRI S YOUNG**

Typed or printed name of signee

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2014 JUN 26 PM 4:38  
CLERK OF THE COURT  
JULIA ROSE HARRIS

**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. The name of the Limited Liability Company is:

**SHERRI YOUNG AGENCY, LLC**

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:

**SHERRI YOUNG**

(Name)

**523 JENKS AVE**

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

**PANAMA CITY**

**FL 32401**

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.*

Sherrri Young  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
28 JUN 26 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Jim Bennett  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that SHERRI YOUNG AGENCY, LLC was formed in Geneva County, Alabama on January 10, 2013. The Alabama Entity Identification number for this entity is 280-492. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

5/20/2014

Date

A handwritten signature in black ink, appearing to read 'Jim Bennett', is written over a horizontal line.

Jim Bennett

Secretary of State