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#### FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/1/14

NAME:

STOVALL MING CENTRE, LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

ABBIE/PAU

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT. Stovall Ming Centre, 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:

Jarrad Principe

Name of Person

Olympus Property

Firm/Company

2918 W. Park Row Drive

Address

Pantego, Texas 76013-2041

City/State and Zip Code

jarrad.principe@olympusproperty.com

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

For further information concerning this matter, please call:

Jarrad Principe

.817

635-2836

Name of Contact Person

Code Daytime Teleph

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

## 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. Stovall Ming Centre, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of	or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate n Liability Company," "L.L.C," or "LLC,")	name must include "Limited	İ
<sub>2.</sub> Delaware <sub>3.</sub> 20-1159121		
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applied to the law of which foreign limited liability company is organized)	able)	
4	14 SE	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	A C C	-
<sub>5.</sub> 2918 W. Park Row Drive	T-	SECONDO
Pantego, Texas 76013-2041	.338 P P	
(Street Address of Principal Office)	11S	- Annual
<sub>6.</sub> 2918 W. Park Row Drive	- RAT 5	<b>4</b>
Pantego, Texas 76013-2041	<b>D</b>	
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to m	nanage is/are:	
W. Chandler Wonderly, Manager		
2918 W. Park Row Drive		
Pantego, Texas 76013-2041		
8. Attached is an original certificate of existence, no more than 90 days old, duly authen having custody of records in the jurisdiction under the law of which it is organized. (A pacceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted)	photocopy is not	
Jon G. Petersen	<u>.</u>	
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 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided.	y that the facts stated herein are led for in s.817.155, F.S.)	e true. I
Jon G. Petersen		
Typed or printed name of signee	_	

## 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 Compan	ıy is:				
Stovall Ming Centre, LLC						
If unavailable, th	ne alternate to be used in the s	tate of Florida is:				
2. The name and	d the Florida street address of	the registered age	nt and office are:			
Capitol Corporate Services, Inc. (Name)  Capitol Corporate Services, Inc.						Ţ
155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)					- - 	
	Tallahassee	FL City/State/Zip	32301	OF STATE E. FLORIDA	ည က	J

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.

Gayle Windle, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

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

\$ 5.00 Certificate of Status (optional)

## Delaware

DACE '

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STOVALL MING CENTRE, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE THIRTIETH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STOVALL MING CENTRE, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER,

A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECKETARY OF STATE

5610223 8300

141240864

AUTHENTY CATION: 1742633

DATE: 09-30-14

You may verify this certificate online at corp. delaware.gov/authver.shtml