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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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LAW OFFICES OF

### **OSHINS & ASSOCIATES, LLC**

1645 VILLAGE CENTER CIRCLE, SUITE 170 LAS VEGAS, NEVADA 89134 (702) 341-6000 Fax (702) 341-6001 www.oshins.com

March 24, 2015

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: FREEPORT PLAZA ENTERPRISES, LLC

Ladies/Gentlemen:

Enclosed please find the Application for Registration for the above-referenced entity. Also enclosed is the Certificate of Good Standing and a check in the amount of \$160.00, representing the filing fee.

Please file this Application and return to me in the enclosed self-addressed, stamped envelope.

Should you have any questions or concerns regarding this matter please do not hesitate to call me.

Thank you for your help in this matter.

Sincerely yours,

**OSHINS & ASSOCIATES, LLC** 

Kathy M. Dragisic, Paralegal On behalf of Kristen E. Simmons

KMD:mtf Encl.: As noted

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

## FREEPORT PLAZA ENTERPRISES, LLC

SUBJECT:

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:

RITA TAYLOR MILLS				
Name of Person				
FREEPORT PLAZA ENTERPRISES, LLC				
Firm/Company				
P.O. BOX 462				
Address				
FREEPORT, FL 32439				
City/State and Zip Code				
taylor_13@cox.net				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

KRISTEN E. SIMMONS

702

341-6000 X 7

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

# 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. FREEPORT PLAZA ENTERPRISES, 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 Liability Company," "L.L.C," or "LLC.")	e name must include "Limited
<sub>2.</sub> NEVADA <sub>3.</sub>	
2. (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if approximately approx	olicable)
4. (Date first transacted business in Florida, if prior to registration.)	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
<sub>5.</sub> 901 E. State Hwy 20	
Freeport, FL 32439	
(Street Address of Principal Office)  6. P.O. BOX 462	
FREEPORT, FL 32439	15 ALE
(Mailing Address)	<b>38 3</b> 70
7. The name, title or capacity and address of the person(s) who has/have authority to	manage:is/are?
RITA TAYLOR MILLS, MANAGER	
	20 G
8. Attached is an original certificate of existence, no more than 90 days old, duly authorated acceptable. If the certificate is in a foreign language, a translation of the certificate uncomust be submitted)	photocopy is not
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 perjam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro-	ury that the facts stated herein are true vided for in s.817.155, F.S.)
RITA TAYLOR MILLS	
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.

If unavailable, the alternate to be used in the state of Florida is:							
2. The nan	ne and the Florida street addi	ress of the registered agent and office are:			•		
	Rita T. Mills						
		(Name)	_				
	550 Bayside Dr			퍐			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			MAR 31			
	Freeport	FL 32439		31 PH	Maria Cara da		
		City/State/Zip		H 3: 52	<u>ئ</u> ھيند د		

Statutes.

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

(Signature)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, FREEPORT PLAZA ENTERPRISES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 19, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State at my office on March 20, 2015.

Schora K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate

Certificate Number: C20150320-1961 You may verify this electronic certificate

online at http://www.nvsos.gov/