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July 13, 2015

KEVIN BAPTISTE 945 DONEGAL DR LOCUST GROVE, GA 30248

SUBJECT: THE BAPTISTE GROUP LLC

Ref. Number: W15000046787

We have received your document for THE BAPTISTE GROUP 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 115A00014553

#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Baptiste Group 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:
Kerr Baptiste  Name of Person
The Daptiste Grave LLC Firm/Company
945 Donegal Dr Address
Locust Grave, GA 30248 City/State and Zip Code
<u>Kainbathebaptistegroup</u> , Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (404), 784-0729  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:  \$\Begin{array}{c c c c c c c c c c c c c c c c c c c

# 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:
The Bratish Con all C
(Name of Foreign 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.")
Liability Company. L.E.C. of Lec. )
2. George 3. 472662 797 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4 (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5
99 N(N 183 ST
(Street Address of Principal Office)
6. UNA 239F MAANA GARdens, FC 33169
99 NW 183 <sup>ST</sup> UNH 239 F WRAM? GGTZEWS, FL, 33169 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
0. )
Name: ROCKET MASON
Office Address: 99 New 183 <sup>ST</sup> Wayt 239 F
Wycinty, & Gardens, Florida 33169 (Zip code)
κβ΄ (Citỷ) (Zip code) Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.
Kodet Maron 1
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Keign Baptiste, President
945 Donegal Dr. Locust Grave, GA 30248
9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- Bapt
Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Control Number: 15000388

## STATE OF GEORGIA

**Secretary of State** 

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### 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

## The Baptiste Group, LLC

### a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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 above-named 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.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

SCINOZZOIS

B: P. Kemp

Secretary of State

