M1500008509

(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:				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2015

ASHLEY MILLER 222 WEST COLEMAN BLVD. MT. PLEASANT, SC 29464

SUBJECT: 15965 SILVER SPRINGS, LLC

Ref. Number: W15000068488

We have received your document for 15965 SILVER SPRINGS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The document must contain both the street address of the principal office and the mailing address of the entity.

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 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 015A00021841

COVER LETTER

Division of Corporations	
SUBJECT: 15965 Silver Of	opings, UC
Namo o	I Limited Liability Company
	npany for Authorization to Transact Business in Florida," Certificate of crenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the	e following:
ashley M	Juller
	Name of Person
Blue Current D	evelopment, LLC
	Firm/Company
222 West Co	evelopment, LLC Firm/Company IEMAN (6)1vd.
	Address
Mt. Pleasant	-,SC 29464 Em =
City	State and Alb Lode
	recurrent dev. con ARR ST To The sed for future annual report notification)
E-mail address: (to be us	red for future annual report notification)
For further information concerning this matter, please call:	
AShley Muller Name of Contact Person	at (843) 813-4970 5
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS:
Registration Section	Division of Corporations Registration Section
P.O. Box 6327 Tallahassee, FL 32314	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 & ☐ \$160.00 Filing Fee, Certificate Certified Copy 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 F	OREIGN LIMITED LIAI	BILITY
1. 15965 Silver Springs, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "		S .
(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 Liability Company, "L.L.C," or "LLC,")	: must include "Limited	***
2. Oouth Carolina 3. N/a		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4. N/W		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 222 West Coleman Blvd	•	
Mt. Pleasant, UC 29464 (Street Address of Principal Office)	Security of the Security and	188 Sept. 201
6. West Coleman Blod	, ************************************	
Mt. Pleasant, OC 29464	2015 0 SECR	Π
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	CT 2:	-
Name: In Corp Services, Inc.	Y OF	T
Office Address: 17888 674 Court North	59 E	
Loxapatchee , Florida 33470	. 5 4	•
(City) (Zip code) Registered agent's acceptance:		, `
Having been named as registered agent and to accept service of process for the above stated limited liabil designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all stations describe the provisions of all stations described agent.	s capacity. I further a	agree
(Registered agent's signature)		美数
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		and the second
TCB Manangement, LLC - Manager		
M West Coleman Blod		
Mt. Pleasant, SC 29464		
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having c jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of of the translator must be submitted to the certificate in a foreign language.)	the certificate under o	he ath
William F. Leineweiter IV its Monager HS Manage	:L	
This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.	false information	•

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:
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15965 Silver Springs, 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:

InCorp Services, Inc.			\$.0	2	
(Name) 17888 67th Court North Florida Street Address (P.O. Box NOT ACCEPTABLE)			ECR	2015 OC	П
			ETARY OF	CT 23 P	
					m
Loxahatchee	FI,	33470		Æ.	
		€2(°) 3>	5 L		

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 608. Florida Statutes.

* Weinenche (Signature)

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

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina, Hereby Certify that:

15965 SILVER SPRINGS, LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 8th, 2015, with a duration that is until September 8th, 2090, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 8th day of September, 2015.

Mark Hammond, Secretary of State