M1500000 8839

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



000278591150

11/03/15--01029--013 **160.00

2015 NOY -3 AN IO: 56
CLORGIARY OF STATE
TACLAHASSEE FLORIDA

1:0V 0 4 2015 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	r: 4105 FMERSON, LLC Name of Limited Liability Company
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please re	urn all correspondence concerning this mutter to the following:
•	- aShley Muller Name of Person
	Name of Person
	Blue Cuspert DeVelopment, LLC
30 (.,,	·
	West Coleman Blvd. Address
	Mt. Pleasant, SC 29464 City/State and Zip Code
	City/State and Zip Code
	ashley a bluecurrentder.com
	E-mail address: (to be used for future annual report notification)
For furth	r information concerning this matter, please call:
	Name of Contact Person Area Code Daytime Telephone Number
v	AAILING ADDRESS: Division of Corporations Registration Section O. Box 6327 Clifton Building allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	is a check for the following amount: 2 \$125.00 Filing Fee

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 FOR COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	IC.")
(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 Capolina 3. N/a	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	The second secon
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 122 West Coleman Glvd.	•
Mt. Pleasant, SC 29464 (Street Address of Principal Office)	
6. West Coleman Blvd.	O dament
Mt. Pleasant, SC 19464 (Mailing Address)	SSE 4
(Mailing Address)	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	55 5 17
Name: Incomp Services, Inc	56 56
Office Address: 17888 674 COURT NORTL	
Loxahatchee , Florida 33470 (City) (Zip code)	
(City) (Zip code) Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated limited liability designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, a accept the obligations of my position as registered agent. (Registered agent's signature)	capacity. I further agree
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	C. B. C. September 1. Margin Stranger C. C. September 2 and September 1. September
· · · · · · · · · · · · · · · · · · ·	
TCB Management, LLC, manager 222 West Coleman Blvd.	pipithanyan apintatikari
Mt. Pleasant, SC 29464	ppp
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cu jurisdiction under the law of which it is organized. (If the certificate is in afforeign language, a translation of the translator must be submitted) Signaphre of an authorized person	he certificate under oath
This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any f submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1	

William F. Leineweber IV. Hs manager
Typed or printed name of signee

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:

4105 EMERSON, LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 12th, 2015, with a duration that is until December 31st, 2098, 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 12th day of October, 2015.

Mark Hummond, Secretary of State