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SECRETARY OF STATE

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COVER LETTER

TO:		istration Šection sion of Corporation	s			
SUBJE	CT.	SEMINOLE INVES	TIGATION, LLC			
SCOOL	C1.	-	Name of L	imited Liability (Company	
						nsact Business in Florida," Certificate company to transact business in Florid
Please r	eturn	all correspondence c	oncerning this matter to the f	ollowing:		
		RALPH E. RIC	H			
			Na	me of Person		
		SEMINOLE IN	IVESTIGATIONS, LLC			
		<u>. </u>	Fir	m/Company		
		6092 BROKEN	ARROW DRIVE			
			,	Address		
		DONALSONV	TILLE, GA 39845			
			City/St	ate and Zip Code		(- 1)
		rer8861@yahoo.	com			
		•	E-mail address: (to be used	for future annua	l report not	ification)
For fur	ther i	nformation concernin	g this matter, please call:			
	RC	DNEY A. PRINCE		229 at (248-84	50
		Name o	of Contact Person	Area Code	Day	time Telephone Number
	Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301
Enclos		a check for the follov \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili 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:

	gn Limited Liability Company; m	ust include "Limited Lia	bility Company,""L.L.C.," or "	LLC.")
Transcondinate and the				1 50 1 1 1
If name unavailable, enter alt Liability Company," "L.L.C."	ernate name adopted for the purpo or "LLC.")	se of transacting busines	ss in Florida. The alternate name	must include "Limited
2. GEORGIA		3. 45-0640152		
(Jurisdiction under the law (of which foreign limited liability		(FEI number, if applicable)	 _
4. 01/01/16				
··	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, if prior to	o registration.)	
6092 BROKEN ARRO		5.0705, 1 .5. 10 determin	e penary nuomy	ب
DOMAI GONNIGATE G	34.20045			WISHEO I PHIZ: 23
DONALSONVILLE, C		f Principal Office)	<u> </u>	
6. 6092 BROKEN ARRO	The state of the s	i i i incipai Ginee)		表 二
				
DONALSONVILLE, C		g Address)		書きて
				9E %
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT accep	table)	ΞĒ W
Name:	TYLER RICH		_	•
Office Address:	3529 AZALEA WAY			
	PANAMA CITY,		, Florida <u>32405</u>	
	•			
	(City)		(Zip code)	•
Registered agent's accep	(City)	ervice of process for t	(Zip code)	ity company at the place
Having been named as re designated in this applica	(City) tance: gistered agent and to accept se tion, I hereby accept the appoi	intment as registered	(Zip code) he above stated limited liabio agent and agree to act in thi	s capacity. I further agree
Having been named as re designated in this applica to complywith the provisi	(City) tance: gistered agent and to accept so tion, I hereby accept the appoi ons of all statutes relative to th	intment as registered he proper and comple	(Zip code) he above stated limited liabio agent and agree to act in thi	s capacity. I further agree
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Typed or printed name of signee

RALPH E. RICH

Control Number: 11020381

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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

SEMINOLE INVESTIGATIONS 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

: 12230942 : 03/14/2011 : Georgia : 12/7/2015



Brian P. Kemp Secretary of State