# M15000010304

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
:					

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORID

At Outson DEC-2 9 2015

#### **COVER LETTER**

TO:

:,

TO:	egistration Section ivision of Corporations	
SUBJE	Gator Tail Amusement LLC	
	Name of Limited Liability Company	
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please	rn all correspondence concerning this matter to the following:	
	Janet K. Foshee	
	Name of Person	
	Gator Tail Amusement, LLC	
	Firm/Company	
	110 Crossway Rd	
	Address	
	Tallahassee, FL 32305	
	City/State and Zip Code	
	starcoin@centurylink.net jan @ starcoininc.net	
	E-mail address: (to be used for future annual report notification)	
For furt	information concerning this matter, please call:	
	mes Hartman 850 879-1740	
	Name of Contact Person Area Code Daytime Telephone Number	
	AILING ADDRESS:  vision of Corporations  egistration Section  O. Box 6327  Clifton Building  llahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	
Enclose	a check for the following amount: \$125.00 Filing Fee  \$\Bigsquare \text{\$130.00 Filing Fee & Certificate of Status}\$ \$155.00 Filing Fee  \$\Bigsquare \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy}\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2015

JANET K. FOSHEE 110 CROSSWAY ROAD TALLAHASSEE, FL 32305

SUBJECT: GATOR TAIL AMUSEMENT L.L.C.

Ref. Number: W15000079914

We have received your document for GATOR TAIL AMUSEMENT L.L.C. and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 715A00025964

15 DEC 28 PM 4: 10

# 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:

	ternate name adopted for the purpose of tran	sacting business in Florida. The alternate name mu	st include "Limited
Liability Company," "L.L.C," , Georgia		46 5200602	
	of which foreign limited liability	46-5290693 (FEI number, if applicable)	
company is organized)		( 2	
. 07/01/2015	(Date first transacted business in Flo		
	(See sections 605.0904 & 605.0905, F	S. to determine penalty liability)	
110 Crossway Rd			
Tallahassee, FL 32305			
1411411415500, 112 32303	(Street Address of Principal	Office)	
54 Marshall Rd NE	•	•	
MON. 1 . 21- CA 210			<b></b>
Milledgeville, GA 3100	(Mailing Address)		
			日 日
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	FILE PEC 28
Name:	Janet K Foshee		1
Office Address:	110 Crossway Rd		
Office Address,	Tallahassee	27205	700 <b>9</b>
	(City)	, Florida 32305 (Zip code)	<b>三</b>
his application, I hereby i	gistered agent and to accept service of p accept the appointment as registered ag statutes relative to the proper and comp	process for the above stated corporation at the gent and agree to act in this capacity. I furthe plete performance of my duties, and I am fam	er agree to comply
	houth toll	20	
	(Registered ago	ent's signature)	
3. The name, title or capa	V		
	city and address of the person(s) who ha		
David Kenneth Foshee, M	city and address of the person(s) who ha		
8. The name, title or capa David Kenneth Foshee, M Janet K Foshee, Member	city and address of the person(s) who ha		
David Kenneth Foshee, M	city and address of the person(s) who ha		
David Kenneth Foshee, Manet K Foshee, Member  . Attached is a certificate urisdiction under the law of	of existence, no more than 90 days old, of which it is organized. (If the certificate		
David Kenneth Foshee, Manet K Foshee, Member  . Attached is a certificate	of existence, no more than 90 days old, of which it is organized. (If the certificate	duly authenticated by the official having custoe is in a foreign language, a translation of the c	

Typed or printed name of signee

Control Number: 13401110

## 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

#### Gator Tail Amusement L.L.C

#### 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

: 12244838 : 03/12/2013 : Georgia : 12/22/2015 : 211



Brian P. Kemp Secretary of State

# STATE OF GEORGIA

### **Secretary of State**

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

ANNUAL REGISTRATION

\*Electronically Filed\* Secretary of State

Filing Date: 7/14/2015 9:50:55 AM

**BUSINESS INFORMATION** 

CONTROL NUMBER

13401110

**BUSINESS NAME** 

Gator Tail Amusement L.L.C

**BUSINESS TYPE** 

Domestic Limited Liability Company

**EFFECTIVE DATE** 

03/12/2013

PRINCIPAL OFFICE ADDRESS

**ADDRESS** 

54 Marshall Rd NE, Milledgeville, GA, 31061, USA

REGISTERED AGENT'S NAME AND ADDRESS

**NAME** 

**ADDRESS** 

David Foshee, K

54 Marshall Rd, Milledgeville, GA, 31061, USA

@@ HEADERTITLE INFORMATION

**NAME** 

TITLE

ADDRESS

N/A

N/A

N/A

AUGHORIZERINFORMATION

**AUTHORIZER SIGNATURE** 

Janet K Foshee

**AUTHORIZER TITLE** 

Organizer



Brian P. Kemp Secretary of State