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ALLAHASSEL I LORIDA

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S. YOUNG

COVER LETTER

	Registration Section Division of Corporation	ons				
SUBJEC	FD WAUCHULA	FL, LLC				
302020		Name of	Limited Liability	/ Company		_
		oreign Limited Liability Com ed to register the above refer				
Please ret	urn all correspondence	concerning this matter to the	following:			
	JEFFREY KA	PLAN				
•	- ,	N	ame of Person			_
•	KAPLAN LA	W FIRM, P.L.				
		F	irm/Company			~
	130 REMING	TON DRIVE, SUITE 1000			, i	
			Address			- 5
	OVIEDO, FL	32765				
		City/S	State and Zip Coo	le		
	JKAPLAN@K	APLANLAWFIRM.US			ئے۔ این نشان م	7 Z W
		E-mail address: (to be use	d for future annu	al report no	tification)	<u> </u>
For furthe	r information concerni	ng this matter, please call:			<u>></u> *	10
	IEFF KAPLAN		407 at (706-67	700	
_	Name	of Contact Person	Area Cod	le Day	ytime Telephone Number	_
[F F	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Fallahassee, FL 32314	<u>:</u> s		Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
	is a check for the follow ■ \$125.00 Filing Fee	wing amount: \$\Boxed{\subsets} \\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Fi Certified Cop		□ \$160.00 Filing Fee, of Status & Certified Co	

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:

	eign Limited Liability Company; m	ust metu	de Lilliled Liat	intel Company, E.E.C.,	or EEC.)
If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpo	se of tra	nsacting busines	s in Florida. The alternate	name must include "Limited
SOUTH CAROLINA	,	2	81-0958247		
	of which foreign limited liability	Э.		(FEI number, if applica	ble)
NI/A					
). <u>IVA</u>	(Date first transacted busin (See sections 605.0904 & 60	ness in F	orida, if prior to	registration.)	
495 HIGHWAY 174	(See Sections 603.0904 & 60	3.0903, 1	r.s. to determine	penany naomity)	
· EDISTO ISLAND, SC					್ರಾಂ ಕ
	(Street Address of	Principa	d Office)		一
. 495 HIGHWAY 174					
EDISTO ISLAND, SC	29438-6860				
	(Mailing	Addres	s)		P 3
. Name and street addres	s of Florida registered agent: (I	P.O. Bo	x <u>NOT</u> accepta	able)	
Name:	JEFFREY L. KAPLAN				Ba :
Office Address:	130 REMINGTON DRIVE, S	UITE 1	000	- -	
	OVIEDO			, Florida 32765	
legistered agent's accen	(City)			(Zip code)	
Having been named as re lesignated in this applica o complywith the provision	(City)	ntment (e propei	as registered ag	(Zip code) e above stated limited li gent and agree to act in	this capacity. I further agree
lesignated in this applicate complywith the provision	(City) tance: gistered agent and to accept sertion, I hereby accept the appoil ons of all statutes relative to the my position as registered agent.	ntment e propei	as registered ag	(Zip code) e above stated limited li gent and agree to act in	this capacity. I further agree
Having been named as re lesignated in this applicat o complywith the provision accept the obligations of t	(City) tance: gistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registered)	ntment of proper	as registered age and complete	(Zip code) e above stated limited li gent and agree to act in performance of my du	this capacity. I further agree
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Having been named as re- lesignated in this applica- o complywith the provision occept the obligations of the B. The name, title or capa SOHN A. HAMILTON JE ROBERT T. GUNBY III, O. Attached is a certificate urisdiction under the law	(City) tance: gistered agent and to accept section, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registered and address of the person(s., MANAGER, 495 HIGHWAMANAGER, 4100 HARRY H. of existence, no more than 90 dof which it is organized. (If the submitted)	ettment age proper stered age s) who had have selected age so who had age so who	ent's signature) as/have author EDISTO ISLA LVD #300C, E	(Zip code) e above stated limited ligent and agree to act in performance of my du ity to manage is/are: ND, SC 29438-6860 OALLAS, TX 75219-32 ated by the official havin language, a translation	this capacity. I further agreeties, and I am familiar with a

Typed or printed name of signee

JEFFREY L. KAPLAN

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?

FD WAUCHULA FL, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 4th, 2016, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of 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 section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 4th day of January, 2016

Mark Hammond

Mark Hammond, Secretary of State