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#### **COVER LETTER**

TO:	Registration Section Division of Corporat					
SUBJEC	Spacebox Lake P	ark, LLC				
SOBJEC		Name o	f Limited Liability (	Company	11/10/11/20/20/20/20/20/20/20/20/20/20/20/20/20/	
					ansact Business in Florida," Cerr cy company to transact business i	
Please re	turn all correspondenc	ee concerning this matter to the	e following:			
	Mary Blume	entritt				
		1	Name of Person			
	Bryan Nelso	n P.A.				
		I	Firm/Company		<del></del>	
	P.O. Box 18	109				
			Address			
	Hattiesburg,	MS 39404-8109				
		City/	State and Zip Code		<del> </del>	
	eliz.strickland	@gmail.com				
		E-mail address: (to be use	ed for future annual	report no	tification)	
For furth	er information concerr	ning this matter, please call:				
	Shirley Anderson		601 at (	261-41 _)	00	
	Name	e of Contact Person	Area Code	Day	ytime Telephone Number	
	MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Fallahassee, FL 32314	ons		Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301	
	is a check for the follour \$125.00 Filing Fee	owing amount:  \$\mathbb{\mathba\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certifiction of Status & Certified Copy	cate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

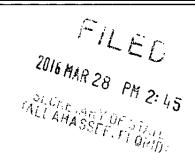
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Spacebox Lake Park, L (Name of Fore		ompany; must inclu	ide "Limited Liab	oility Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter a	lternate name adopted for	or the purpose of tra	insacting busines	s in Florida. The alternate na	me must include "Limited
Liability Company," "L.L.C.	" or "LLC.")				
2. Mississippi	6 1 1 6 6 1 1 1 1	3.	81-1629933	(1777)	
(Jurisdiction under the law company is organized)	of which foreign limited	d hability		(FEI number, if applicable	;)
4. N/A					
	(Date first trans (See sections 605)	sacted business in F .0904 & 605.0905,	lorida, if prior to F.S. to determine	registration.) penalty liability)	-
5. 112 Sheffield Loop, St	uite D			. ,	72016
Hattiesburg, MS 39402	2				216 HR 28
	(Street	Address of Principa	al Office)		- 62 13
6. 112 Sheffield Loop, Su	ite D				
Hattiesburg, MS 39402	2				700 70
		(Mailing Address	s)		- 劉 元
7. Name and street address	s of Florida registered	d agent: (P.O. Bo	x NOT accepta	able)	
Name:	Paige York			,	
Office Address:	790 North County F	lighway 393 2C		-	
	Santa Rosa Beach			Florida 32459	
	<del></del>	(City)		(Zip code)	_
designated in this applicat	tion, I hereby accept i ons of all statutes rela	the appointment outive to the	as registered ag	ent and agree to act in th	oility company at the place his capacity. I further agree is, and I am familiar with an
	(	(Registered ag	ent's signature)		_
8. The name, title or capa	city and address of th	e person(s) who h	as/have authori	ty to manage is/are:	
Paige York, Manager	·	•			
790 North County Highwa	ay 393 2C	•			
Santa Rosa Beach, FL 324	159				
of the translator must be su	of which it is organize	d. (If the certifica	te is in a foreig	n language, a translation o	of the certificate under oath
This document is executed submitted in a document to	the Department of St.	ate constitutes a th	nird degree felor	ny as provided for in s.817	7.155, F.S.

Typed or printed name of signee



#### DELBERT HOSEMANN Secretary of State



## Office of the Secretary of State Jackson, Mississippi

### Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

#### SPACEBOX LAKE PARK, LLC

Registered the 29th day of February, 2016

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

112 Sheffield Loop, Suite D Hattiesburg, MS 39402

And that the registered agent at that address is:

Elizabeth Strickland

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 21st day of March, 2016

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN16021477

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx