

M1600000 3569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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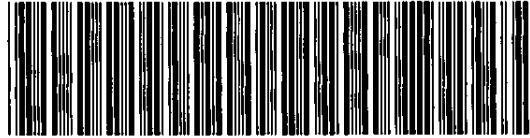
(Business Entity Name)

(Document Number)

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04/19/16--01024--001 **1676.26

FILED
16 MAY -2 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 04 2016
J. HARRIS

TO: • Registration Section
Division of Corporations

SUBJECT: LOKKER Development LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Martha Mian
Name of Person
LOKKER Development LLC
Firm/Company
Po Box 159
Address
Port Saint Joe, FL 32457
City/State and Zip Code
marty@mianproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Pulliam Firm PA (Lesa Pulliam) 501 492.3408
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2016

MARTHA MIAN
PO BOX 159 ~~JOE~~
PORT SAINT ~~LUCIE~~, FL 32457

SUBJECT: LOKKER DEVELOPMENT LLC
Ref. Number: W16000029779

RECEIVED
2016 MAY -2 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LOKKER DEVELOPMENT LLC and your check(s) totaling \$1676.26. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00008291

FILED
16 MAY -2 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LOKKER DEVELOPMENT LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. TX 3. 32-0466 077277
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. MARCH 2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1106 N. State Highway 360 - Suite 211
Grand Prairie Tx 75050
(Street Address of Principal Office)

6. PO Box 159
Port Saint Joe FL 32457
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Martha Mian

Office Address: 1150 S. 37th St.
Mexico Beach, Florida 32456
(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 company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Martha Mian
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Martha Mian, Managing Member
PO Box 159
Port Saint Joe FL 32457

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Martha Mian
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Martha Mian
Typed or printed name of signee

FILED
16 MAY - 2 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Lokker Development LLC (file number 801539047), a Domestic Limited Liability Company (LLC), was filed in this office on January 24, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 03, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State