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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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FILED 16 MAY 24 PH 2: 12 SECRETARY OF STATE FALLAHASSEE, FLORIDA



May 19, 2016

2216 MAY 24 PM 1:44 ALLANASSEE. FLORIDA

Division of Corporations Registration Section Attn: Dionne PO Box 6327 Tallahassee FL 32314

Hi Dionne,

I called today to find out why the filing for Elizabeth Enterprises was rejected and found out you needed additional information on Section 8.

Enclosed is the additional information for Section 8 along with a copy of the Document Number listed on your web site.

Please let me know if you need any other information.

Thạnk you,

Kathryn Tay lor

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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: 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:



For further information concerning this matter, please call:

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 State & State & Certified Copy

S160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

0 **L** ame of Foreign Limited Lis Company, hust include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting bosiness in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Jurisdiction under the which foreign limited liability company is organized) 4 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. a 7. Name and street address of torida registered agent: (P.O. Box NOT acceptable) Name: Office Address: ហ Florida

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 performance of a position to the proper and complete performance of any duties, and I am familiar with and accept the obligations of my position as performance of a position of a performance of any duties.

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

(City)

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 most be submitted)

Signature of an anthorizof 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.

Δ n Typed or printed name of sighee



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:

ELIZABETH ENTERPRISES, LLC

Registered the 1st day of December, 2011

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. a, CRETARY OF ST. LAHASSEE, FLO

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

528 E Main St Louisville, MS 39339

And that the registered agent at that address is:

Kathryn Taylor

e states

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 12th day of May, 2016

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Nosemann, 1.

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN16023450 Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx