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## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Fax Number : (855)330-1010

> \*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

Email Address:

### **Foreign Limited Liability Company** SEBRING PRESERVATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

## 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:

, SEBRING PRESERVA			
(Name of Foreig	gn Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or	· "LLC.")
Liability Company," "L.L.C."	ernate name adopted for the purpose of train or "LLC.")	nsacting business in Florida. The alternate nar	me must include "Limited
2 DELAWARE	3	N/A	
(Jurisdiction under the law o company is organized)  N/A	f which foreign limited liability	(FEI number, if applicable	)
4.	(Date first transacted business in FI (See sections 605.09()4 & 605.0905, 1	orida, if prior to registration.) F.S. to determine penalty liability)	<b></b>
5. 1414 S. PARROT AVE	, STE 213, OKEECHOBEE, FL 3497		_
	(Street Address of Principal	-	_
6. 1414 S. PARROT AVE,	STE 213, OKEECHOBEE, FL 3497-	4	-
	(Mailing Address	5)	26 3
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			
Name:	NORTHWEST REGISTERED	AGENT LLC	- 63 <b>.</b>
Office Address:	3030 N. Rocky Point Drive,	STE 150A	
	ТАМРА	Florida 33607 (Zip code)	
Registered agent's accepta	(City) ance:	(Zip code)	
this application, I hereby a	ccept the appointment as registered a atutes relative to the proper and comp	process for the above stated corporation gent and agree to act in this capacity. I plete performance of my duties, and I am	further agree to comply
	10-Ch		
-	(Registered ag	ent's signature)	_
	ity and address of the person(s) who h ER, 1414 S. PARROT AVE, STE 213	• =	
	which it is organized. (If the certifical	duly authenticated by the official having the is in a foreign language, a translation of Glove	
-	Signature of an a		
submitted in a document to t		(b), Florida Statutes. I am aware that an hird degree felony as provided for in s.817	

Typed or printed name of signee

<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SEBRING PRESERVATION LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE EIGHTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEBRING PRESERVATION LLC" WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202453737

Date: 06-08-16

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