# M1600006687

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·				
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
	$\sqrt{}$	,				
+ Name doesn't	hatel in	certificate				
W110-5108	19					

Office Use Only



300288913043

08/12/16--01019--023 \*\*160.00



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2016

ASHLEY MULLER 222 WEST COLEMAN BLVD MT. PLEASANT, SC 29464

SUBJECT: LARK TOWNHOMES, LLC.

Ref. Number: W16000056819

We have received your document for LARK TOWNHOMES, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 716A00017261

### **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJI	Lark Townhomes, LLC							
	Name of	Limited Liability Co	ompany					
The en	closed "Application by Foreign Limited Liability Comice, and check are submitted to register the above refer	npany for Authorizati renced foreign limite	ion to Transact Business in Florida," Certificate ed liability company to transact business in Florid					
Please	return all correspondence concerning this matter to the	e following:						
	ASHLEY MULLER							
		Name of Person						
	C/O BLUE CURRENT DEVELOPMENT							
	F	Firm/Company						
	222 WEST COLEMAN BLVD							
		Address						
	MT. PLEASANT, SC 29464							
	City/s	State and Zip Code						
	ASHLEY@BLUECURRENTDEV.COM							
	E-mail address: (to be use	ed for future annual r	report notification)					
For fu	ther information concerning this matter, please call:							
ASHLEY MULLER		843 at (	813-4970					
	Name of Contact Person	Area Code	Daytime Telephone Number					
	MAILING ADDRESS:	STREET ADDRESS:						
Division of Corporations		Division of Corporations						
	Registration Section P.O. Box 6327	Registration Section						
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle						
	Tulianassee, T. J. J. J. T.		Tallahassee, FL 32301					
Enclos	ed is a check for the following amount:							
	□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	g Fee & ■ \$160.00 Filing Fee, Certificate of Status & Certified Copy					

# 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. Lark Townhomes, LLC	•				
(Name of Fore	ign Limited Liability Co	ompany; must include	"Limited Liability Comp	any," "L.L.C.," or '	'LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,"		r the purpose of transa	acting business in Florida	. The alternate nam	ne must include "Limited
, SOUTH CAROLINA		3			
(Jurisdiction under the law company is organized)	of which foreign limited	Hiability 3. —	(FEI nur	nber, if applicable)	
4	/Dec. Control	11			-
	(See sections 605.	0904 & 605.0905, F.S	ida, if prior to registration to determine penalty lia	ı.) bility)	
5. 222 WEST COLEMA	N BLVD				-
MT. PLEASANT, SC					_
6. 222 WEST COLEMAN		Address of Principal (	Office)		_
MT. PLEASANT, SC	29464				
		(Mailing Address)			
7. Name and street address	s of Florida registered	l agent: (P.O. Box	NOT acceptable)		
Name:	INCORP SERVICE	ES, INC			
Office Address:	17888 67TH COUR	T NORTH	<del></del>		
	LOXAHATCHEE		, Florida	33470	
Registered agent's accep	<b>.</b>	(City)		(Zip code)	-
Having been named as redesignated in this applica	gistered agent and to tion, I hereby accept t ons of all statutes rela	the appointment as ntive to the proper a red agent	registered agent and a nd complete performa	gree to act in thi	lity company at the place is capacity. I further agree , and I am familiar with an
	John	(Registered agen	t's signature) , II, it's manager		
8. The name, title or capa	city and address of th	e person(s) who has	/have authority to man	•	
JOHN COOPER FOWLE	R, II, its manager, 222	2 WEST COLEMAN	N BLVD, MT, PLEAS	ANT, SC 29464	
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organize		is in a foreign languag		
This document is executed submitted in a document to	in accordance with so the Department of St John Cooper Fowler.	ate constitutes a thir	(b), Florida Statutes. I a d degree felony as prov	am aware that any vided for in s.817.	r false information .155, F.S.

Typed or printed name of signee

# 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:

LARK TOWNHOMES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 10th, 2016, with a duration that is until Friday, August 10, 2091, 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 10th day of August, 2016

Mark Hammond