

m160000006840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

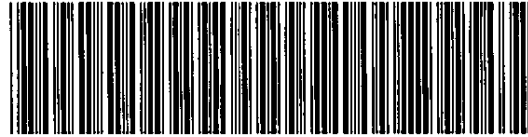
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

titles W16-S4317  
cert.  
8/25/16  
spoke w/ Greg McLeMare to get  
titles. (W)

Office Use Only



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2016 AUG 24 P 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 25 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2016

GREGORY MCLEMORE  
P.O. BOX 1425  
RIDGELAND, MS 39158

SUBJECT: GIT AWAY LLC  
Ref. Number: W16000054312

We have received your document for GIT AWAY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 516A00016539

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Git Away, 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:

Gregory McLemore

Name of Person

Firm/Company

P.O. Box 1425

Address

Ridgeland, MS 39158

City/State and Zip Code

gmclemore8888@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory McLemore

601

316-3743

at ( )

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

**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. Git Away, 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. Mississippi 3. 81-3394142  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 403 Port Arbor  
Brandon, MS 39047  
(Street Address of Principal Office)


6. P.O. Box 1425  
Ridgeland, MS 39158  
(Mailing Address)

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

Name: Gregory McLemore  
Office Address: 532 W. Pine Ave  
St. George Island, Florida 32328  
(City) (Zip code)

**Registered agent's acceptance:**

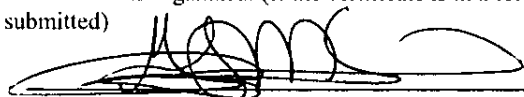
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
(Registered agent's signature)

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

Wendy McLemore - mbr.  
Gregory McLemore - mbr.

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)

  
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.

Gregory McLemore  
Typed or printed name of signee

2012-03-24 P 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



DELBERT HOSEMAN  
*Secretary of State*

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMAN, 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:

### **GIT AWAY LLC**

Registered the 11th day of April, 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:

576 Highland Colony Parkway, Suite 300  
Ridgeland, MS 39157

And that the registered agent at that address is:

Gregory Thomas

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 22nd day of August, 2016

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr." is written over a horizontal line.

C. DELBERT HOSEMAN, JR.  
*Secretary of State*

Certificate Number: CN16027177

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>



DELBERT HOSEMANN  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

## Certificate

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 laws of Mississippi, to be filed in my office, do hereby certify that:

Business ID: 1090372

Business Name: **GIT AWAY LLC**

Registered Agent:  
Gregory Thomas  
576 Highland Colony Parkway, Suite 300  
Ridgeland, MS 39157

Status: Good Standing

Given under my hand and seal of office  
the 22nd day of August, 2016

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN16027177

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>