

M160000008140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

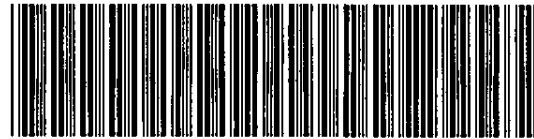
Special Instructions to Filing Officer:

per James on 10/12/16 @ 11:27 -  
add info to #7 and #8.



~~1016-108544~~

Office Use Only



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10/05/16--01015--005 \*\*130.00

FILED  
16 OCT 12 AM 11:13  
RECEIVED BY STATE  
TALLAHASSEE, FLORIDA

T WASHINGTON

OCT 12 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2016

ELREE J. CLARK  
2484 FIVE CENT RD  
WILLIAMSTON, NC 27892

SUBJECT: COLLATERAL VENTURES LLC  
Ref. Number: W16000068544

We have received your document for COLLATERAL VENTURES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

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: 316A00021514

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**COLLATERAL VENTURES LLC**

**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:

**ELREE JAMES CLARK**

\_\_\_\_\_  
Name of Person

**COLLATERAL VENTURES**

\_\_\_\_\_  
Firm/Company

**2484 FIVE CENT RD**

\_\_\_\_\_  
Address

**WILLIAMSTON NC 27892**

\_\_\_\_\_  
City/State and Zip Code

**ejclark20@gmail.com**

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

For further information concerning this matter, please call:

**ELREE JAMES CLARK**

**813**

**431-3736**

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

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:

COLLATERAL VENTURES LLC

1. (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.")

NORTH CAROLINA

3. 47-3690416

2. (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)

6001 PALM SHADOW WAY #1020

5. TAMPA FL 33647

(Street Address of Principal Office)

6001 PALM SHADOW WAY #1020

6. TAMPA FL 33647

(Mailing Address)

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

6001 PALM SHADOW WAY #1020

Name:

Office Address:

Elree James Clark

TAMPA

33647

(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:

Elree James Clark - Partner

6001 Palm Shadow way #1020

Tampa, FL 33647

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.

ELREE JAMES CLARK

Typed or printed name of signee

FILED  
16 OCT 12 AM 11:13  
STATE  
TALLAHASSEE, FLORIDA



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

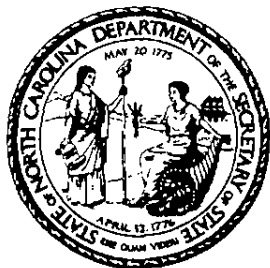
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### COLLATERAL VENTURES LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 3rd day of March, 2015, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

FILED  
16 OCT 12 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of October, 2016.

*Elaine F. Marshall*

Secretary of State