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PICK-UP	☐ WAIT	MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2016

CHRIS G. GOURAS, JR PO BOX 1465 RIDGELAND, MS

SUBJECT: GOURAS & ASSOCIATES, LLC

Ref. Number: W16000067651



We have received your document for GOURAS & ASSOCIATES, 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):

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: 716A00021158



P.O. BOX 4465 RIDGFLAND, MS 39158

(O)/601,605.8128

(F) 601,605,8129

October 18, 2016

Tanisha L. Washington Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Gouras & Associates, LLC | Letter Number 716A00021158

Dear Ms. Washington:

Enclosed please find the completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Section 8 has been completed to include the address for the manager of the company.

Please let us know if you need further information to process this request.

Sincerely,

Christiana S. Sugg

Enclosures

COVER LETTER

TO:

Registration Section
Division of Corporations

GOURAS & ASSOC	CIATES LLC				
	Name of	Limited Liability (Company		
The enclosed "Application by Fore Existence, and check are submitted					
Please return all correspondence co	oncerning this matter to the	following:			
Chris G. Gouras	, Jr.				
 	N	ame of Person			
Gouras & Assoc	iates LLC				
	F	irm/Company			
PO Box 1465					
	 ,	Address			
Ridgeland, Miss	issippi 39158				
····	City/S	tate and Zip Code			•
christiana@goura	sandassociates.com				
- 	E-mail address: (to be use	d for future annual	report not	tification)	
For further information concerning	this matter, please call:				
Christiana S. Sugg		601 at (605-81	28	
Name of	Contact Person	Area Code	Day	time Telephone Number	,
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding coutive Center Circle see, FL 32301	
Enclosed is a check for the following □ \$125.00 Filing Fee	ng amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy	ng Fee &	□ \$160.00 Filing Fee, C of Status & Certified Co	

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 ILABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Gouras & Associates L			iability Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter all Liability Company," "L.L.C,"		urpose of transacting busin	ess in Florida. The alternate na	me must include "Limited
Mississippi	or LLC.)	20-3427071	1	
(Jurisdiction under the law	of which foreign limited liabilit	_J.	(FEI number, if applicable	
company is organized)				
4. Upon Registration	(Date first transacted b	ousiness in Florida, if prior	to registration.)	
5 101 Webster Circle	(See sections 605.0904 &	2 605.0905, F.S. to determ	ine penalty liability)	
Madison, Mississippi 3	9110			
		ss of Principal Office)		_
6. PO Box 1465				_
Ridgeland, Mississippi	39158			_
	(Mai	iling Address)		
7. Name and street addres	s of Florida registered agent	t: (P.O. Box NOT acce	eptable)	Ar 🚅
Name:	Mauree Gouras			5 0c
	8700 Front Beach Road	Unit 4317		ASS.
Office Address:	Panama City Beach		 Florida 32407	SEE
	(Cit		(Zip code)	
designated in this applica- to complywith the provision	gistered agent and to acception, I hereby accept the ap ons of all statutes relative to my position as registered ag	pointment as registered the proper and comple	ete performance of my dution	bility Edinpan, at the place his Edpacity. Effurther agree es, and I am familiar with and
•	acity and address of the person	on(s) who has/have auth	nority to manage is/are:	
Chris G. Gouras, Jr.	<u>/lgr</u>			
70 BOX 141	ه 5			
Piagelan	d MS 39115	<u> </u>		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized (If shmitted)	90 days old, duly auther the certificate is in a for nature of an authorized per	nticated by the official having reign language, a translation son	g custody of records in the of the certificate under oath
This document is executed submitted in a document to	in accordance with section the Department of State co	605.0203 (1) (b), Florid	la Statutes. I am aware that a felony as provided for in s.81	ny false information 7.155, F.S.

Typed or printed name of signee

Chris G. Gouras, Jr.



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:

GOURAS & ASSOCIATES, LLC

Registered the 15th day of September, 2005

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:

101 Webster Circle, Ste. 300 Madison, MS 39110

And that the registered agent at that address is:

Sugg, Christiana

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 26th day of September, 2016

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN16028454

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