MICCO 1990

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Docur	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
W16-78431		

Office Use Only



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11/21/16--01019--007 **125.00



T WASHINGTON
DEC 0.2 2016





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2016

G. TODD COTTRILL 4540 SOUTHSIDE BLVD, SUITE 202 JACKSONVILLE, FL 32216

SUBJECT: WOODMONTE INVESTMENTS, LLC

Ref. Number: W16000078431

2016 DEC -1 PM 12: 34
SECRETARY 6: 31ATE

We have received your document for WOODMONTE INVESTMENTS, 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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 716A00024986

COVER LETTER

TO:

Registration Section

Divi	sion of Corporation	ıs					
SUBJECT:	Woodmonte Investr	nents, LLC					
SUBJECT.		Name of I	Limited Liability Co	ompany		-	
The enclosed Existence, an	"Application by For d check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authorizati enced foreign limite	on to Tra d liability	nsact Business in Florida, company to transact busin	' Certificate of ness in Florida	
Please return	all correspondence o	concerning this matter to the	following:				
	G. Todd Cottril	il					
	-	Na	ame of Person			•	
	Heekin Law PA	A.					
	Firm/Company						
	4540 Southside	Blvd, Suite 202					
	Address						
	Jacksonville, F	L 32216					
	-	City/Si	tate and Zip Code			•	
	todd@heekinlaw	.com					
	<u> </u>	E-mail address: (to be used	l for future annual r	eport not	ification)	•	
For further in	formation concernin	g this matter, please call:					
G. 1	Fodd Cottrill		904 at (998-97			
•	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314]] (Division (Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	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 LIABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA:

Woodmonte Investmen				_			_
(Name of Ford	eign Limited Liability Company; m	ust include	e "Limited Liability C	Company," "L.L.C.," or	r"LLC.")		
Liability Company," "L.L.C."	ternate name adopted for the purpo			orida. The alternate na	me must inclu	de "Lin	- nited
2. Delaware		3.	applied for				_
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FE	I number, if applicable	:)		
4. Upon Registration					_		
	(Date first transacted busin (See sections 605.0904 & 603	ess in Flo 5.0905, F.	rida, if prior to registi S. to determine penal	ration.) ty liability)			
5. 2700 University Blvd.	W., Suite A-2				_		
Jacksonville, FL 32217	7						
	(Street Address of	Principal	Office)		_		
6. 2700 University Blvd.	W., Suite A-2				_ ;-,,		
Jacksonville, FL 32217	,					9	
	(Mailing	Address)		-	— ; · ·	OEC	- ******
7. Name and street addres	s of Florida registered agent: (F	O. Box	NOT acceptable)				
Name:	Gary Hannon						Ħ
Office Address:	2700 University Blvd. W., Sui	ite A-2			71-03 03-4 75-12-	9	_
	Jacksonville		, Flo	rida 32217	5	05	
Registered agent's accep	(City)			(Zip code)			
Having been named as redesignated in this applicate to comply with the provision	gistered agent and to accept sertion, I hereby accept the appoin ons of all statutes relutive to the ny position as registered agent.	ntment as proper (s registered agent a	nd agree to act in th	is capacity.	I furtl	ier agree
8. The name, title or capa	acity and address of the person(s) who ha	s/have authority to	manage is/are:			
Woodmonte Management	, LLC, the Manager	<u> </u>					
2700 University Blvd. W.	, Suite A-2			·			
Jacksonville, FL 32217							
		Pertificate	eyis in a foreign larly Muni				
	Signatur	e of an au	thorized person				
	in accordance with section 605. the Department of State constit					nation	

Typed or printed name of signee

G. Todd Cottrill

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WOODMONTE INVESTMENTS, 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 ELEVENTH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WOODMONTE INVESTMENTS, LLC" WAS FORMED ON THE TENTH DAY OF NOVEMBER, A.D. 2016.

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

16 OEC -1 AM 9: 05

Authentication: 203319137

Date: 11-11-16

6210225 8300 SR# 20166593547