m17000000328

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL .
(Business Entity Name)
(Document Number)
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2017 IN II P 2: 05:

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2016

ALLEN PORTER 4488 NORTH SHALLOWFORD RD. #103 ATLANTA, GA 30338

SUBJECT: CANTERFIELD OF TALLAHASSEE, LLC

Ref. Number: W16000086459

We have received your document for CANTERFIELD OF TALLAHASSEE, 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):

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 716A00027600

COVER LETTER

Registration Section
Division of Corporations

TO:

Ca SUBJECT:	interfield of Talls	hassee, LLC							
Name of Limited Liability Company									
The enclosed "A Existence, and o	Application by Fo heck are submitte	reign Limited Liability Comp ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tr ited liabilit	ansact Business in Florida," Cer y company to transact business	tificate of in Florida			
Please return all	correspondence	concerning this matter to the	following:						
	Allen Porter		_	_					
	Name of Person								
	Canterfield of	Tallahassee, LLC							
	Firm/Company								
	4488 North Shallowford Rd #103								
Address									
	Atlanta, GA 30338								
City/State and Zip Code									
	mailbox@medic	sldevcorp.com							
•		E-mail address: (to be used	for future annual	report not	ification)				
For further infor	mation concernin	g this matter, please call:							
Allen P	orter		770 at (399-99	38				
_ _	Name o	f Contact Person	Area Code	Day	time Telephone Number				
Division Registra P.O. Bo	ng ADDRESS: n of Corporations ation Section ix 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ce, FL 32301				
Enclosed is a che	ck for the follow .00 Filing Fee	ing amount: [3] \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate			

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Canterfield of Tallahas						
(Name of For	eign Limited Liabil	ity Company; must include "Li	mited Liability Company," "L.L.C	,," or "LLC.")		
Canterfield AL of Tallaha	assee, LLC					
(If name unavailable, enter a Liability Company," "L.L.C,		ted for the purpose of transacting	g business in Florida. The alternat	te name must include	"Limited	
2.GA		3				
(Jurisdiction under the law company is organized) 12/16	of which foreign li	mited liability	(FEI number, if applie	cable)		
4	(Date first	transacted business in Florida,	if prior to registration.)			
S. 4488 North Shallowfor	•	605.0904 & 605.0905, F.S. to	determine penalty liability)			
Atlanta, GA 30338		treet Address of Principal Offic				
6. 4488 North Shallowfor		succe Address of Finished Office	<i>≂</i> ,			
Atlanta, GA 30338					- Annial States	
		(Mailing Address)				
7. Name and street addres	ss of Florida regis	tered agent: (P.O. Box NO	T acceptable)	<u> </u>	ج-معي ا	
Name:	Donna Marko		-	PES D	m	
Office Address:	9848 SW 110th	Street	·	D: O STATE ORID	3	
	Ocala	·	, Florida 34432	<u>ັ</u> ≽ຸດ		
Registered agent's accep		(City)	· (Zip code	(Zip code)		
designated in this applica	ition, I hereby according to the statutes	cept the appointment as regi relative to the proper and c gistered agent.	ss for the above stated limited stered agent and agree to act i complete performance of my d	in this capacity. I j	further agree	
		(Registered agent's si	gnature)			
8. The name, title or caps	acity and address	of the person(s) who has/hav	e authority to manage is/are:			
Winston Allen Porter, own	ner					
4488 North Shallowford R	Road #103					
Atlanta, GA 30338	_	_				
O. Attached is a certificate urisdiction under the law of the translator must be su	of which it is orga	nore than 90 days old, duly a anized. (If the certificate is in	authenticated by the official have a foreign language, a translation	ving custody of reco	ords in the under oath	
		Signature of an authoriz	ed person			
This document is executed submitted in a document to	l in accordance wi the Department of	ith section 605.0203 (1) (b), In State constitutes a third de	Florida Statutes. I am aware tha gree felony as provided for in a	it any false informat i.817.155, F.S.	tion	
	Winston Allen Pe	orter				

Typed or printed name of signee

Control Number: 16015780

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia; do hereby certify under the seal of my office that

anterfield of Tallahassee, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official/Code of Georgia-Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether of notra notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number

Date Inc/Auth/Filed

Jurisdiction Print Date

Form Number

:13785136

:02/10/2016

: Georgia

:01/09/2017

:211



Secretary of State