MMMARCAR

(Re	questor's Name)		
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL MAIL	
(Business Entity Name)			
	A Nicola N		
(UC	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
W17-16339			
114			

Office Use Only



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02/23/17--01011--028 **125.00

MAR 13 ZO17 S. YOUNG TALLAHASFELLERIDA 17 FFR 23 PM 1: 23 February 24, 2017

LETITIA BAKER SAFARI ENTERPRISES, LLC 3553 A INDUSTRIAL PARK MARIANNA, FL 32446

SUBJECT: SAFARI ENTERPRISES, LLC

Ref. Number: W17000016339

We have received your document for SAFARI ENTERPRISES, 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.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 217A00003661

17 FEB 23 PM 1: 23

HAR -8 A

COVER LETTER

TO: Registration Section Division of Corporation	ns			
SUBJECT: Safari	Enterprise Name of	S, LLC Limited Liability Company		
The enclosed "Application by Fo Existence, and check are submitted	reign Limited Liability Comp ed to register the above refere	pany for Authorization to Transceed foreign limited liability	ansact Business in Florida," y company to transact busir	Certificate of ness in Florida
Please return all correspondence	concerning this matter to the	following:		
Leti	tia Bake	ame of Person	A	•
Sofar	ri Enterpris	rm/Company		
355	3 A Indust	rial Park Address		T FEB
Mai	rianna, FL City/s	32444 tate and Zip Code		FEB 23 PH 1: 23
9m(E-mail address: (to be used	i COOTON CON) tification)	1: 23
For further information concerning	ng this matter, please call:			
Letitia 1:	Sally of Contact Person	at (SSO) 48. Area Code Day	time Telephone Number	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton E 2661 Exc	of Corporations cion Section Building ecutive Center Circle see, FL 32301	
Enclosed is a check for the follows \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fec & Certified Copy	☐ \$160.00 Filing Fee, C of Status & Certified Co	

APPLICATION BY FOREIGN LIMITED EIABILITY 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:
1. On the Company of Section 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. Junisdiction under the law of which foreign limited liability company is organized) 3. 81-3598562 (FEI number, if applicable)
4. Cuch / 20 / (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3553 A Industrial Park
Marianna, FL 32446 Marianna, FL 32446 (Mailing Address)
6_3553A Industrial Park
Marianna, I-L 32446 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Letitic Baller
Office Address: 3553 A Trylustrial Purk
Marianna, Florida 32446 (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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an 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:
MARIANNA EL 32446
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. Typed or printed name of signee
Attended to the control of the contr



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

LETITIA BAKER

3553A INDUSTRIAL PARK MARIANNA, FL 32446

February 20, 2017

Request Type: Certificate of Existence/Authorization

Request #:

0229411

Issuance Date: 02/20/2017

Copies Requested:

Document Receipt

Receipt #: 003133119

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3695392380

Regarding:

Safari Enterprises, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 08/10/2016

Status:

Active

Duration Term:

Perpetual

Business County: SUMNER COUNTY

Control #:

Date Formed:

861173

08/10/2016

Formation Locale: TENNESSE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Safari Enterprises, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 021259326