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17 MAR 14 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 17 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2017

KAREN P SMITH  
238 SKYLINE DR  
THOMASVILLE, GA 31757

SUBJECT: 5708 GARCIA, LLC  
Ref. Number: W17000017069

We have received your document for 5708 GARCIA, 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):

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 617A00003822

2017 MAR 14 AM 11:32  
TALLAHASSEE, FLORIDA

FILED  
17 MAR 14 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 5708 Garcia, LLC  
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:**

Karen P. Smith
Name of Person
Firm/Company
238 Skyline Dr
Address
Thomasville, GA 31757
City/State and Zip Code
ack@susie-qs.com
E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Jack Smith at (229) 551-1811

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

FILED  
MAR 14 AM 11:5  
17  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
Certified Copy  
Filing Fee Certificate

**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 BUSINESS IN THE STATE OF FLORIDA:

1. 5708 Garcia, LLC  
(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.")

2. Georgia 3. 81-5405974  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/1/2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 238 Skyline Dr  
Thomasville, GA 31757  
(Street Address of Principal Office)

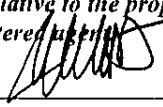
6. PO Box 2300  
Thomasville, GA 31799  
(Mailing Address)

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

Name: Jack Smith  
Office Address: 5708 South Garcia Road  
Homosassa, Florida 34446  
(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)

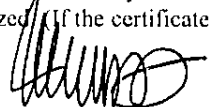
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jack Smith, Managing Member

5708 South Garcia Road

Homosassa, FL 34446

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.

Jack Smith

Typed or printed name of signee

17  
16 APR 15  
RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE

# 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

**5708 Garcia, 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 or not a 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

FILED  
17 MAR 17  
14177022  
02/08/2017  
Georgia  
03/09/2017  
2115



*B. P. Kemp*

Brian P. Kemp  
Secretary of State