# 11170000002296

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Bu	Silless Ellilly Nai	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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		:
W17-22322		
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Office Use Only



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03/15/17--01003--020 \*\*130.00

17 MAR 15 AM 1: 99



March 15, 2017

JOHN MCGINNIS 4910 GUINEVERE CT DURHAM, NC 27712

SUBJECT: OKPM, LLC

Ref. Number: W17000022322

We have received your document for OKPM, 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 section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 717A00005000

#### COVER LETTER

то:	Registration Section Division of Corporations						
SUBJI	OKPM, LLC						
001		Name of	Limited Liability (	Company			
The en Exister	iclosed "Application by Foreign nce, and check are submitted to	n Limited Liability Comp register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	ansact Business in Florida," Certificate of y company to transact business in Florida		
Please	return all correspondence conc	erning this matter to the	following:				
	John McGinnis						
		N	ame of Person	<del></del> _	<del></del>		
	OKPM, LLC						
		Fi	rm/Company	<del></del>			
	4910 Guinevere Court						
			Address				
	Durham, North Ca	rolina 27712					
		City/S	tate and Zip Code		<del></del>		
	johnmeginnis321@g	gmail.com					
	E	mail address: (to be used	d for future annual	report not	ification)		
For fur	rther information concerning th	is matter, please call:					
John McGinnis		919 at (	748-15	83			
	Name of C	ontact Person	Area Code	Day	rtime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301		
Enclos		amount: \$130.00 Filing Fee & ertificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

## 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:

(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose	of transacting busin	ess in Florida. The alternate nan	ne must include "Limited
2 South Carolina	or and,	26-4326783	3	
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)				1
4. 2016				
4.	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior	to registration.)	-
5. 4910 Guinevere Court	(See sections 605.0904 & 605.0	0905, F.S. to determ	ine penalty hability)	1 1
Durham, North Carolin	a 27712			T. M. 20 PH. 12: 20
	(Street Address of P	rincipal Office)		
6. 4910 Guinevere Court				
Durham, North Carolin	ia 27712			F
	(Mailing A	(ddress)		- 8
7. Name and street addres	s of Florida registered agent: (P.C	O. Box <u>NOT</u> acce	ptable)	
Name:	Richard E. Benton			
Office Address:	1415 E. Piedmont Drive, Suite 4	4	_	
	Tallahassee		, Florida 32308 (Zip code)	
Registered agent's accep	(City)		(Zip code)	_
designated in this applicato complywith the provision	gistered agent and to accept serv tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent (Registe	ment as registerea	l agent and agree to act in the ete performance of my duties	is capacity. I further agree
8. The name, title or capa	neity and address of the person(s)	who has/have auth	iority to manage is/are:	
John McGinnis, Managin	g Member			
		<del></del>		
9. Attached is a certificate	of existence, no more than 90 day of which it is organized. (If the ce	ys old, duly authen ertificate is in a for	nticated by the official having eign language, a translation o	custody of records in the the certificate under oath
of the translator must be si		Munus of an authorized per	son	~

TOHN D. MGINNIS

Typed or printed name of signee

## The State of South Carolina



Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina, Hereby Certify that:

OKPM, LLC, a limited liability company duly organized under the laws of the State of South Carolina on February 4, 2009, with a duration that is until February 4, 2049, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this <<@TODAYSDATE>>.

Mark Hammond, Secretary of State