

MI7000004036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

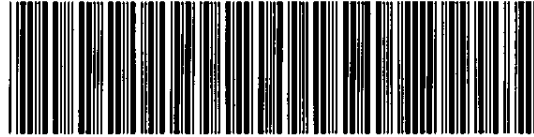
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

cert W17-36835

Office Use Only



600298459006

600298459006  
05/01/17--01001--005 \*\*167.50

05/11/17--01035--001 \*\*72.50

RECEIVED  
DEPARTMENT OF STATE  
17 APR 28 PM 3:40

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY -9 PM 2:38

S Warren

MAY 11 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2017

LARRY S. SEGEBARTH  
1333 COLLEGE PARKWAY #507  
GULF BREEZE, FL 32563

SUBJECT: FL 1997 BINGO PARTNERS LLC  
Ref. Number: W17000036835

We have received your document for FL 1997 BINGO PARTNERS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$72.50.

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: 517A00009114



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2017

LARRY S. SEGEBARTH  
1333 COLLEGE PARKWAY #507  
GULF BREEZE, FL 32563

SUBJECT: FL 1997 BINGO PARTNERS LLC  
Ref. Number: W17000036835

We have received your document for FL 1997 BINGO PARTNERS LLC and your check(s) totaling \$167.50. 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: 217A00008398

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FL 1997 BINGO PARTNERS 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:

LARRY S. SEGEBARTH  
Name of Person

Firm/Company

1333 COLLEGE PARKWAY #507  
Address

GULF BREEZE FL 32563  
City/State and Zip Code

RUNLARRY @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY S. SEGEBARTH at ( 214 ) 717-3890  
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:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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:

1. FL 1997 BINGO PARTNERS 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. NM 3. 82-1390364  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1333 COLLEGE PARKWAY 6. SAME  
(Street Address of Principal Office) (Mailing Address)

# 507  
GOLF BREEZE FL 32563

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

Name: LARRY S. SEGERBARTH  
Office Address: 1333 COLLEGE PARKWAY #507  
GOLF BREEZE, Florida 32563  
(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.

[Signature]  
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>MEMBER</u>	<u>LARRY S SEGERBARTH</u>		
	<u>1333 COLLEGE PARKWAY #507</u>		
	<u>GOLF BREEZE FL 32563</u>		

(Use attachments if necessary)

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]  
Signature of an authorized person

10. 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.

LARRY S SEGERBARTH  
Typed or printed name of signer

FILED  
17 MAY -9 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# OFFICE OF THE SECRETARY OF STATE

## NEW MEXICO

### *Certificate of Good Standing and Compliance*

IT IS HEREBY CERTIFIED THAT:

**FL 1997 Bingo Partners LLC**  
**5415080**

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

**Limited Liability Company Act**

**53-19-1 to 53-19-74 NMSA 1978**

having filed its Articles of Organization on April 11, 2017, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **April 29, 2017**

**In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.**



*Maggie Toulouse Oliver*

**Maggie Toulouse Oliver**  
**Secretary of State**

**Certificate Validation #: 0009164**

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the **Certificate Validation** option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under **Certificate Validation**.