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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for annual report mailings. Enter onl

Foreign Limited Liability Company 9900 Thomas Dr-804 Property, LLC

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COVER LETTER

Division	of Corporation	1	.*	•			
erre veces.		9900 Thomas [or-804 Property,LLC				
SUBJECT:	UBJECT: Name of Limited Liability Company						
The enclosed "Ay Existence, and ch	oplication by Fore	eign Limited Liability Comp I to register the above refere	any for Authorization to innoed foreign limited liabi	Fransact Business in Florida," Certificate of lity company to transact business in Florid			
Please return all a	correspondence c	oncerning this matter to the	following:				
		M	Ma Conner				
		N:	ime of Person				
			Services, Inc.				
		Fi	rm/Company VI				
		3773 Howard Hu	ighes Pkwy. · Suite 5	600S			
	· · · · · · · · · · · · · · · · · · ·		Address				
		Las Vega	s, NV 89169-8014				
•		City/S	tate and Zip Code				
		docume	moo.qrooni@etn				
•	 	E-mail address: (to be used	for future annual report	nodification)			
For further infor	nation concernin	g this matter, please cell:					
Mia	Conner on beha	ilf of InCorp Services, In	ic. _{at} (800	246-2477			
	Name o	f Contact Person	Area Code I	Daytime Telephone Number			
Division Registre P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314		Divisi Regist Cliftor 2661 I	ET ADDRESS: on of Corporations ration Section a Building Executive Center Circle tassee, FL 32301			
	eck for the follow 0.00 Filing Fee	ing amount: \$\Boxed{\Omega} \ \$130,00 \text{Filing Fee & Certificate of Status}\$	S155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

H170001724313

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION COMPAINY TO TRANSACT BUSINE	SS INTHE STATE O	F'FI.ORIDA:						
1Name of Foreign)		900 Thomas Dr-8			ov." M. L.C.," or "	LLC.")		
(*************************************		,						
(If name unavailable, enter alterna Liability Compony," "L.L.C," or "		the purpose of transa	oting business			must include	"Limited	,
2 Mississip		3.			7-5300026			
(Jurisdiction under the law of w company is organized)	high foreign ilmited	Hability	· ·	(FRI numb	er, if applicable)			
4. Upon Registration	(Date first his are	Stad business in Physics	a reservit	- olaradas V				
	(See sections 605.0	oted business in Flori 904 & 603.0905, F.S.	to determine	penalty liabi	lity)			
5	735	Avignon Dr Ste	<u> </u>					
	Ridge	land, MS 3915	i7					
6.	735 Avigno		11160)					
·	Didagland M	0.20157						
	Ridgeland, M	(Mailing Address)						
7. Name and street address of	Florida registered	agent: (P.O. Box)	VOT accept	ıble)				
		rp Services, Inc.		,		至。	4	
17000 67th Court North						25	7	
Office Address:	Loxahatchee			•	33470	HAT.	JUN 2	14
_		(City)		., Florida_	(Zip code)	SS.	N	يو روايا پيدارون کاران
Registered agent's acceptant	ter	• • •	41.		` • •		<u> </u>	. .
Having been named as registed designated in this application	, I hereby accept to	he appointment as :	registered az	ent and ag	ree to act in this	cap acity ., 7)	urtuer	agree
to complywith the provisions accept the obligations of my p	oj ali statili <u>et r</u> ela. Osi llov pe regil ter	uve to me proper a: ed agent.	ia complete	perjorman	ce of my aunes,		mypur w	uji unu
ſ	// (r on beha	alf of InCo	orp Services	inc.	ض	
E		(Registered agent			_ 	•		
8. The name, title or capacity	and address of the	person(s) who has	have authori	ity to manag	go is/aro:			
Sybil Ann Prewitt	Member	735 Avignon	D5t Ste	Ridgela	ınd, MS 391	57		
James Brian Romine	Member	735 Avignor	D5t Ste	3 Ridgel	and, MS 39	157		
			<u>. </u>	•				
9. Attached is a carrifloste of a		than 00 days ald di	ili. enekentis	ated by the	official bassing o	usebods of sec	ords in 1	the
jurisdiction under the law of w	hich it is organize	d. (If the cartificate	is in a forcig	n language,	a translation of	the certificate	under	oath
of the translator must be subm	lited)	in in A	\mathcal{P}	هـ				
<u>~</u>	ريال_	Slaveture of an auth	rec	/T/X				
This determent is successful in	ÿ .aanadanga u±th				n savoso that are	falso info	tion	
This document is executed in a submitted in a document to the							MUII	
_		Sybil Ann P						
	,	Typed or printed nar	ne of eignoc					

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DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

9900 THOMAS DR-804 PROPERTY, LLC

Registered the 13th day of October, 2015

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

735 Avignon Drive; Ste. 3 Ridgeland, MS 39157

And that the registered agent at that address is:

Sybil Ann Prewitt

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

dř

Given under my hand and seal of office the 24th day of April, 2017

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN17036132

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx