

M17000006032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

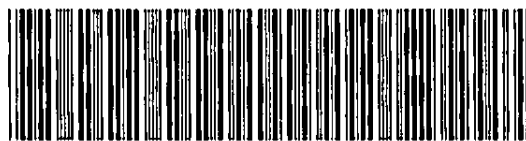
(Document Number)

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

Special Instructions to Filing Officer:

name match  
W17-55274

Office Use Only



300300265193

06/30/17--01006--008 \*\*125.00

FILED  
17 JUL 17 AM 10:33  
DIVISION OF CORPORATIONS

O SIMMONS  
JUL 18 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2017

JEFFREY HENLEY, CPA  
1758 MEMORIAL AVE  
CLARKSVILLE, TN 37043

SUBJECT: WYCLIFFE COURT APARTMENTS OF TENNESSEE, LLC  
Ref. Number: W17000055274

RECEIVED  
2017 JUL 17 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for WYCLIFFE COURT APARTMENTS OF TENNESSEE, 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 917A00013523

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WYCLIFFE COURT APARTMENTS OF TN 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:

JEFFEY M. HENLEY, CPA

Name of Person

HENLEY ACCOUNTING & TAX, CPA P.C.

Firm/Company

1758 MEMORIAL DRIVE

Address

CLARKSVILLE, TN 37043

City/State and Zip Code

JEFF@HENLEYTAXCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY M. HENLEY

Name of Contact Person

at ( 931 )

Area Code

546.9422

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

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. WYCLIFFE COURT APARTMENTS OF TENNESSEE, 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. TENNESSEE 3. 36-4515494  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 124 BALLYGAR ST STE M 6. PO BOX 745  
(Street Address of Principal Office) (Mailing Address)  
CLARKSVILLE, TN 37043 CLARKSVILLE, TN 37041

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

Name: RICHARD ANDERSON

Office Address: 215 GRAND BLVD. STE 101  
MIRAMAR BEACH, FLORIDA 32550  
(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.

R2C  
(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>RICHARD ANDERSON</u> <u>124 BALLYGAR ST STE M</u> <u>CLARKSVILLE, TN 37043</u>	<u>MEMBER</u>	<u>RICHARD BOWLES</u> <u>124 BALLYGAR ST STE M</u> <u>CLARKSVILLE, TN 37043</u>
<u>MEMBER</u>	<u>LARRY BOONE</u> <u>124 BALLYGAR ST STE M</u> <u>CLARKSVILLE, TN 37043</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)

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.

R2C  
Signature of an authorized person

RICHARD ANDERSON  
Typed or printed name of signer

FILED  
17 JUL 17 AM 10:33  
DIVISION OF CORPORATIONS



Tre Hargett  
Secretary of State

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

RICHARD ANDERSON  
SUITE M  
124 BALLGAR ST  
CLARKSVILLE, TN 37043

June 26, 2017

Request Type: Certificate of Existence/Authorization  
Request #: 0242432

Issuance Date: 06/26/2017  
Copies Requested: 1

Document Receipt

Receipt #: 003447172 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3705386288 \$20.00

Regarding: WYCLIFFE COURT APARTMENTS OF TENNESSEE, LLC  
Filing Type: Limited Liability Company - Domestic Control #: 437877  
Formation/Qualification Date: 12/09/2002 Date Formed: 12/09/2002  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Expires: 12/09/2022 Inactive Date:  
Business County: MONTGOMERY COUNTY

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

WYCLIFFE COURT APARTMENTS OF TENNESSEE, 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.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 023054121