

MI7000007061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

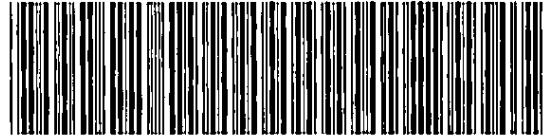
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-59791 CW

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2017 AUG 14 PM 1:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY

AUG 17 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shere Properties, 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:

John David Adams

Name of Person

Shere Properties, LLC

Firm/Company

25295 Bull Ridge Drive

Address

Porter, TX 77365

City/State and Zip Code

jda600@hotmail.com

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

For further information concerning this matter, please call:

John David Adams

281

354 4641

at ()

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

**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. Shere Properties, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Texas 3. 36-4864599
(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. 25295 Bull Ridge Drive 6. 25295 Bull Ridge Drive
(Street Address of Principal Office) (Mailing Address)
Porter Porter
TX 77365 TX 77365

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

Name: Jack Webber
Office Address: 3790 Tripoli Boulevard
Punta Gorda, Florida 33950
(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.

Jack L. Webber
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>John David Adams</u> <u>25295 Bull Ridge Drive</u> <u>Porter, TX 77365</u>	<u>Manager</u>	<u>Jean Corinne Adams</u> <u>25295 Bull Ridge Drive</u> <u>Porter, TX 77365</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 § 817.56, F.S.

Jack L. Webber J Adams
Signature of an authorized person

Typed or printed name of signer

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2017 AUG 14 PM 1:50
DEPARTMENT OF STATE
HALLWAY OF FLORIDA

7/7/2017



Office of the Secretary of State

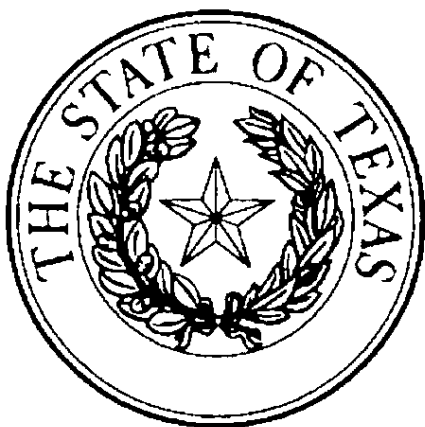
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SHERE PROPERTIES, L.L.C. (file number 802652325), a Domestic Limited Liability Company (LLC), was filed in this office on February 15, 2017.

It is further certified that the entity status in Texas is in existence.

FILED
2017 AUG 14 PM 1:50
SECRETARY OF STATE
AUSTIN, TEXAS

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 07, 2017.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2017

JOHN DAVID ADAMS
SHERE PROPERTIES, LLC
25295 BULL RIDGE DR
PORTER, TX 77365

SUBJECT: SHERE PROPERTIES, LLC
Ref. Number: W17000059791

We have received your document for SHERE PROPERTIES, 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):

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00014656