# M17000007192

(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:  8-23-17 Spoke With Accountant,  Jenny Buskirk, who advised  Cliernate name Suffix is an  Lle.				

Office Use Only



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August 9, 2017

RED MOUNTAIN LLC 6700 LANIER ISLANDS PARKWAY BUFORD, GA 30518 US

We have received your document for RED MOUNTAIN 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section

نتخ

Letter Number: 917A00016129

## **COVER LETTER**

	Registration Section Division of Corporatio	ns				
SUBJEC	ct: <u>Re</u> o	Mountain Name of	Limited Liability Comp	eny		
				o Transact Business in Florida," Certificate of bility company to transact business in Florida		
Please re	turn all correspondence	concerning this matter to the	following:			
	<u>Davi</u>	d Rothwell				
Name of Person						
	Red	Maintain i	10.			
Firm/Company						
	670	10 Lanier Isl	ands Parlicu	ay		
Address						
Buford, GA 30518						
City/State and Zip Code						
Jenny busking carefreeboats.com  E-mail address: (to be used for future annual report notification)						
For furth	er information concernin	g this matter, please call:				
	Jenny B	USKI/K f Contact Person	at ( <u>G</u> GG) /	280-3022 Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divis Regi Clifto 2661	EET ADDRESS: ston of Corporations stration Section on Building Executive Center Circle hassee, FL 32301		
	is a check for the follow □ \$125.00 Filing Fee	ing amount: \$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

Same of the same

IN COMPLIANCE WITH SECTION 605.0902, FILORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	SIER A POREIGN LIMITED LIABILIT
Red Mountain 110	
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," LLC," or "LC."	<del>14</del>
Carefree Boots 110	,
(If rams unevalable, enter abstracts name adopted for the purpose of transacting business in Florida. The abstracts name must include "Limited I	inbility Company, " 1. L.C." or "LLC.")
Tempessee, 90-0675	5760
(FEI nu	rober, if applicable)
(Deter first transacted business in Florids, if prior to segistration.) (See sections 605 0934,8 605 0905, F.S. to determine penalty labelity)	<del></del>
	17 AT.
5. 6/00 Lanier (Slands Yarkway 6.	
BUFWA GA 30518	
174100 - 411	S R R
	m <sub>o</sub> n
7. November 1981 - 1981 - 1981 - 1981 - 1981 NOT accountable.	20 ≩ □
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	98 <b>99</b>
Name: Kobart Coustro	
Office Address: 76 Docksich D1 \$115	»
	C)\$(C
St. Augustin Florida 32	<del>207</del>
Registered agent's acceptance: (Cay)	,
Having been named as registered agent and to accept service of process for the above stated limit	
designated in this application, I hereby accept the appointment as registered agent and agree to a to comply with the provisions of all statutes relative to the proper and complete performance of m	ct in this capacity. I further agre
and accept the obligations of my position at registered agent.	у ашыз, ака 1 от запишиг жик
(Registrate agent) signature)	<del></del>
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:
Marager Winer David Kothwell a coma	<del></del>
GIOO LIMBY ISLANDS VALUELY	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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(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 trans	
of the translator must be submitted)	
La Boul to had	
Signature of an authorized person	<del></del>
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aw	are that any false information
submitted in a document to the Department of State constitutes a third degree felony as provided for	n s.817.155, F.S.
David (CHanell	
Typed or printed name of signer	<del></del>



# **Division of Business Services** Department of State

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

DAVID ROTHWELL

6700 LANIER ISLANDS PARKWAY BUFORD, TN 30518

April 13, 2017

Request Type: Certificate of Existence/Authorization

Request #:

0234791

Issuance Date: 04/13/2017

Copies Requested:

**Document Receipt** 

Receipt #: 003323285

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3699746432

\$20.00

Regarding:

**RED MOUNTAIN LLC** 

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 02/08/2011

Status:

Active

**Duration Term:** Perpetual

**Business County:** 

Control #:

650463

Date Formed:

02/08/2011

Formation Locale: TENNESSEE

Inactive Date:

### 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

### **RED MOUNTAIN 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 #: 022011312