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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nlv



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COVER LETTER

AA Properties of MS, LLC SUBJECT:							
SOBOLOT.	Name of Limited Liability Company						
The enclosed "Application by Foreign Lim Existence, and check are submitted to regis							
Please return all correspondence concerning	g this matter to the	following:					
Joshua K. Bowie							
	N	ame of Person					
AA Properties, LLC							
	F	irm/Company	 -	,			
12000 Pointe Aux Chend	es Rd.						
		Address	· · ·				
Ocean Springs, MS 395	64						
· · ·	City/S	State and Zip Code					
jkbowie@sns-usi.com							
E-mail	address: (to be use	d for future annual i	eport notifica	tion)	,		
For further information concerning this ma	tter, please call:						
Joshua K. Bowie		228 at (875-7336				
Name of Contact	Person	Area Code	Daytime	Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET AT Division of C Registration S Clifton Build 2661 Executi Tallahassee, I	orporations Section ng ve Center Circle			
Enclosed is a check for the following amou							

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AA Properties, LLC (Name of Foreign	Limited Liability Company; must include "Li	mited Liability Company," "1, L.C.," or "LLC.					
AA Properties of MS, LL			,				
		n Florida. The alternate name must include "Limited L	iability Company," "L.L.C," or "LLC,")				
₂ Mississippi		3. 82-3076230					
(Jurisdiction under the law of which foreign limited hability company is organized) (FEI number, if applicable)							
4.							
4	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration.)					
- 12000 Pointe Aux Che			s RA				
5. 12000 Pointe Aux Chenes Rd. (Street Address of Principal Office)		6. 12000 Forme Ada Chiefe	6. 12000 Pointe Aux Chenes Rd. (Mailing Address)				
Ocean Springs, MS 39564		Ocean Springs, MS 3956	<u>.</u>				
 	· · · · · · · · · · · · · · · · · · ·						
7. Name and street address	ss of Florida registered agent: (P.O.)	Box NOT acceptable)	7				
Name:	Sunrise Network Solutions Inc. of	Florida	往沙毒 五				
000 A L1	805 James Lee Road						
Office Address:			9				
	Fort Walton Beach	, Florida <u>32457</u> (Zipe					
Registered agent's accep	(City)	(Zip c	ode)				
designated in this applica to comply with the provisi	tion, I hereby accept the appointme	of process for the above stated limite nt as registered agent and agree to ac oper and complete performance of m	ct in this capacity. I further agree				
	(Registered ag	ent's signature)					
8. The name, title or capa Title or Capacity:	acity and address of the person(s) wh Name and Address:	o has/have authority to manage is/are: Title or Capacity:	: <u>Name and Address:</u>				
Managing Member	Holly E. Bowie	Member	Joshua K. Bowie				
	12000 Pointe Aux Chenes		12000 Pointe Aux Chenes				
	Ocean Springs, MS 39564		Ocean Springs, MS 39564				
	-						
							
(Use attachments if neces	com/\						
(Ose attachments it neces	sary)						
	of which it is organized. (If the certif	old, duly authenticated by the official licate is in a foreign language, a transl					
	the Department of State constitutes	0203 (1) (b), Florida Statutes. I am aw a third degree felony as provided for i					
	Sign	ature of an authorized person					
	Joshua K. Bowie						
	Justina IX, DUWIC						

Typed or printed name of signee



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:

AA PROPERTIES LLC

Registered the 13th day of October, 2017

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:

12000 Pointe Aux Chenes Road Ocean Springs, MS 39564

And that the registered agent at that address is:

Joshua K. Bowie

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.

Given under my hand and seal of office the 7th day of November, 2017

Noseman, 1.

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN17044482

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