m1700000091179

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



000293479940

01/25/17--01008--021 **155.00

ALT ANASSER FLORID

. .:

S. WARREN ROV 1 5 2017



January 27, 2017

JAMES LOCKHART 5504 KEELER OAK STREET LITHIA, FL 33547

SUBJECT: LOCKHART MANAGEMENT GROUP LLC

Ref. Number: W17000007970

We have received your document for LOCKHART MANAGEMENT GROUP LLC and your check(s) totaling \$155.00. 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.

Letter Number: 217A00001735

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section

SUBJEC'U:	Name of	Limited Liability Company	
	eign Limited Liability Com	pany for Authorization to Tr	ansact Business in Florida," Certificate of y company to transact business in Florida
Please (eturn all correspondence c	concerning this matter to the	following:	
James Lockhart			
	N	ame of Person	
Lockhart Mana	gement Group LLC		
4	Fi	rm/Company	
5504 Keeler Or	ik Street		
		Address	
Lithia, FL 335-	17		
	City/S	tate and Zip Code	
jb@31.copital			
	E-mail address: (to be use	I for future annual report no	tification)
For further information concerning	g this matter, please call:		
Jeffrey Barton		314 562-00 _ at ()	999
Name c	of Contact Person		ytime 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 follow ©I \$125.00 Filing Fee	ring amount: \$\Boxed{\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\}}}}\$}\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\exitt{\$\exitt{\$\}\exittt{\$\text{\$\text{\$\exitt{\$\exitt{\$\}\$\text{\$\text{\$\text{\$\text{\$\tex{	■ \$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 6051902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lookhart Management			
(Name of Fore	eign Limited Liability Company; must it	nclude "Limited Liability Company." "L.L.C.,	," or "L1.C.")
Company," "L.L.C.		f transacting husiness in Florida. The alternate	: name must include "Limited
Delaware		3	
company is organized)	of which foreign limited liability	3. (FEI number, if applie	able)
Not yet conducting but			
	(Date first transacted business i (See sections 605,0904 & 605,090	in Florida, if prior to registration.) 05, F.S. to determine penalty liability)	
9325 Bay Plaza Boule			
Tampa, FL 33619			
	(Street Address of Prin	ncipal Office)	7
5504 Keeler Oak Street			
Lithia, FL 33547			NOV 13
<u> </u>	(Mailing Ado	dress)	
Name and street address	ss of Florida registered agent: (P.O.	Hoy NOT acceptable)	
	James Lockhart	Box (NOT acceptable)	- 25 - 25 - 25 - 25 - 25 - 25 - 25 - 25
Name:			- (독교 교
Office Address:	9325 Bay Plaza Boulevard, Suite 2	205	
	Tampa	, Florida 33619	
	(City)	(Zip code)
esignate <mark>d in this applica</mark> complyw <mark>ith the provisi</mark>	gistered agent and to accept service tion, I hereby accept the appointme	e of process for the above stated limited in ent as registered agent and agree to act in open and complete performance of my di	n this capacity. I further agre.
		<u></u>	
	(Registered	d agent's signature)	
 The name, title or capa ames Lockhart - Manage 		to has/have authority to manage is/are:	
325 Bay Plaza Boulevard	1, Suite 205		
'ampa, FL 33619			
. Attached is a certificate arisdiction under the law of the translator must be su	of which it is organized. (If the certisted)	old, duly authenticated by the official hav ficate is in a foreign language, a translation	ing custody of records in the on of the certificate under oath
	•		
his document is executed abmitted in a document to	the Department of State constitutes	3 (1) (b), Florida Statutes, I am aware that a third degree felony as provided for in s.	cany false information 817,155, F.S.
	Jeffrey Barton		

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LOCKHART MANAGEMENT GROUP LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2017.

Authentication: 203546095

Date: 11-09-17