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	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
(Bu	usiness Entity Nam	ne)
	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Certwi	n-88283	
	Office Use Onl	y



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2017

BRYAN KIEFER, ESQ 327 S COUNTY HWY 393 STE 202 SANTA ROSA BCH, FL 32459

SUBJECT: DESTIN INVESTMETNS OF NW FLORIDA, LLC Ref. Number: W17000088283

We have received your document for DESTIN INVESTMETNS OF NW FLORIDA, 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):

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.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 217A00022331

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 Tallahasson, Florida 32314

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### COVER LETTER

TO: Registration Section Division of Corporations

DESTIN INVESTMENTS OF NW FLORIDA, LLC

SUBJECT:

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:

BRYAN KIEFER, ESQ.

Name of Person

KIEFER LAW GROUP, PLLC

Firm/Company

327 SOUTH COUNTY HIGHWAY 393, SUITE 202

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

KIEFERGROUP@HOTMAIL.COM

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

For further information concerning this matter, please call:

BRYAN KIEFER			330-2843		
Name o	of Contact Person	at () Area Code	Daytime Telephone Number		
MAILING ADDRESS:		<u>S1</u>	REET ADDRESS:		
Division of Corporations	S	Di	vision of Corporations		
Registration Section	Registration Section		Registration Section		
P.O. Box 6327	P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314	Tallahassee, FL 32314		2661 Executive Center Circle		
			Tallahassee, FL 32301		
Enclosed is/a check for the follow	ving amount:				
	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing F Certified Copy	ee & S160.00 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. DESTIN INVESTMENTS OF NW FLORIDA, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I.C.," or "LLC.")

TENNESSEE	ame adopted for the purpose of transacting business in Fl		81-5136991	nyny, mse, or me.
(Jurisdiction under the law of which foreign limited liability company is organized)		۵.	(FEI number, if ap	plicable)
NOVEMBER 1, 2017				
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration nine penalty	i) liability)	-
350 WILSON PIKE C	IRCLE	6.	350 WILSON PIKE CIRCLE	
(Street Address of SUITE 300	Principal Office)		(Mailing Address) SUITE 300	
BRENTWOOD, TN 37027			BRENTWOOD, TN 37027	
<ol> <li>Name and <u>street addres</u> Name:</li> </ol>	ss of Florida registered agent: (P.O. Bo BRYAN J. KIEFER, ESQ.			и.:. И 14 РН 4
Office Address:	327 SOUTH COUNTY HWY. 393, SUITE 202			
	SANTA ROSA BEACH	<u> </u>	, Florida <u>32459</u>	- <b>4</b>
Degistered agent's easen	(Cuy)		(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.

(Registered agent's signature)

Name and Address:

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:

MANAGER	R. KEVIN MARTIN 350 WILSON PIKE CIRCLE BRENTWOOD, TN 37027	 
(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. 1 am aware that any false information submitted in a document to the Department of State constitutes a performance for a provided for in s.817.155, F.S.

- A Arc	
Signphire of an authorized person	
BRYAN J. KIEFER	

Typed or printed name of signee

Tre Hargett Secretary of State		312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102		
KIEFER LAW	ROUP, PLLC	0	ctober 31, 2017	
BRYAN KIEFEF	R			
UNIT 202				
327 CO HWY 39	93 SOUTH			
SANTA ROSA E	BEACH, FL 32459			
Request Type:	Certificate of Existence/Authorization	Issuance Date: 10/3	31/2017	
Request #:	0255632	Copies Requested:	1	
	Document Receipt			
Receipt #: 003	639298	Filing Fee: \$20.00		
Payment-Credit	Card - State Payment Center - CC #: 3714329962		\$20.00	
Regarding:	Destin Investments of NW Florida, LLC			
Filing Type:	Limited Liability Company - Domestic	Control # : 88	5884	
Formation/Qualification Date: 01/27/2017		Date Formed: 01/	/27/2017	
Status:	Active	Formation Locale: TE	NNESSEE	

## 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

### **Destin Investments of NW Florida, 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 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

Inactive Date:

Processed By: Cert Web User

Verification #: 024863835



Duration Term:

Perpetual

Business County: WILLIAMSON COUNTY

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

State of Tennessee