M17000010826

(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:





600304919676

AT DEC 21 AND: 4

DET 22 1017

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195
---------	-----	---	--------------

REFERENCE : 974517/ 80885

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: December 20, 2017

ORDER TIME : 9:10 AM

ORDER NO. : 974517-005

CUSTOMER NO: 8088577

FOREIGN FILINGS

NAME: ST PARTNERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

COVER LETTER

Division of Co						
SUBJECT:	ST	Partners, 1	-LC			
			f Limited Liability	Сотралу		
					nsact Business in Florida," Certificate company to transact business in Florid	
Please return all corres	ondence co	ncorning this matter to th	e following:			
		Acco	unts Pay	able		
		i	Name of Person			
		ST Par	tners, LL Firm/Company	C		
			Firm/Company			
		2118 C	entennial Address	Drive		
			Address			
		Gaines	State and Zip Code	305	ю <u>Ч</u>	
		City	State and Zip Code	:		
		Payables E-mail address: (to be us	e almark	.eggs .(com	
		E-mail address: (to be us	ed for future annua	report noti	fication)	
For further information	concerning	this matter, please call:				
Sam B	utler	or Dawn Mullico	n at (770	<u> 53</u>	6-4520	
	Name of	Contact Person	Arca Code	Dayt	ime Telephone Number	
MAILING A Division of Co	orporations			Division o	ADDRESS: of Corporations	
Registration S P.O. Box 632 Tallahassee, F	7			Clifton Bu	on Section ailding outive Center Circle	
i unumusee, i	., , , , , , , , , , , , , , , , , , ,				ee, FL 32301	
Enclosed is a check for \$125.00 Fi		ng amount: \$\Boxed{\Boxesia} \$\\$130.00 Filing Fee &	□ \$ 155.00 Fili	na Fee &	□ \$160.00 Filing Fee, Certificate	
y= 4125.00 11		Certificate of Status	Certified Copy		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 FOILDWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ST Partners, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC.") (Jurisdiction under the law of which foreign limited hability company is organized) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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) 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: (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 s.817.155, F.S. Signature of an authorized person SAM BUTUER Typed or printed name of signed

Control Number: K826839

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ST PARTNERS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14991774 Date Inc/Auth/Filed: 07/16/1998 Jurisdiction : Georgia Print Date : 12/20/2017

Form Number : 211



B: P. L.

Brian P. Kemp
Secretary of State