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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13. 2017

ROBERT ALLEN 2364 CLINTON RAYMOND RD RAYMOND, MS 39154

SUBJECT: ROBERT ALLEN PROPERTIES Ref. Number: W17000098638

We have received your document for ROBERT ALLEN PROPERTIES and your check(s) totaling \$160.00. 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: 817A00025219

2017 DEC 26 PH 2: 53

COVER LETTER

TO: **Registration Section Division of Corporations**

Allen Properties, LLC Name of Limited Liability Company SUBJECT: Kobert

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:

Rebert Allen Name of Person Propert <u>ie 5</u> Hllen 2364 MS 39154 mond City/State and Zip Code E-mil address: (16 be used for future annual report notification) 1100

For further information concerning this matter, please call:

066-7 Daytime Telephone Number

Name of Contact Person

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 following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

S155.00 Filing Fee & S160.00 Filing Fee, Certificate 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 FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. e. e "Limited Liabelity Company," "I. I. C., " or " LLC ") Linuted Liabili Kermen ting business is Florida. The abernide name past include "Linnied Lability Company," "LLC." @ "LLC ") nese of hain (11 == 3. (FFI mumber of englished) pine to (centration) (description persity (selicity) 7. Name and stroct address of Florida registered agent: (P.O. Box NOT acceptable) Name:

Name: <u>Kalhleer K. De Marser E.</u> Office Address: <u>510 Escol Zarago za Street</u> <u>Peneja Cala, FL. 32582</u>, Florida (Cip) (Zin court)

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 galegisteged 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: <u>Title or Capacity:</u> <u>Name and Address:</u> <u>The or Capacity:</u>

Name and Address:

Manager/Member	-2
	111

Andrew A Alter 2311 Charlen Ren Window K

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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 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 follows as provided for in s.817.155, F.S.

Packing IN Lilli	۰.
Signature of an authorized person	
Robert N. Allen	
Typed or neutrol name of service	



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:

ROBERT ALLEN PROPERTIES, LLC

Registered the 21st day of August, 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:

300 Concourse Blvd, Suite 200 Ridgeland, MS 39157

And that the registered agent at that address is:

R. James Young

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 21st day of December, 2017

Dellest Nosemann, 1.

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN17046347 /erify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx