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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	-
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SESRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2017

MARK HOLLINGSHEAD 3948 3RD ST S #233 JACKSONVILLE, FL 32250

SUBJECT: ST. JOHN'S LAND COMPANY, LLC

Ref. Number: W17000100024

FSTATE IS TO SEE THE SERVICE SERVICE TO SERVICE THE SE

We have received your document for ST. JOHN'S LAND COMPANY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L16000207333.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00025660

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. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I/I.C.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I/I.C.")
(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 "L.L.C.")/
2. (Jurisdiction/under the law of which foreign limited liability (FEI number, if applicable)
4. NOKTH GOULD STREET SUITER
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 60\$,0905, F.S. to determine penalty liability)
5. (See sections 605.0904 & 60\$.0905, F.S. to determine penalty liability) 5. HERIDAN, WYOMING 8280/
′ / ′
6. Street Address of Principal Office) 6. 3948 THIRD STREET SOUTH #233
TACKSONVILLIEL 32250
(Mailing Address)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: RegISTERED AGENTS, INC. Sate 1801 30.30 April Device
Office Address: 3030 NORTH ROCKY POINT DRIVE
TampA Starity 33607
$\frac{TAMPA}{\text{(City)}}$, Florida $\frac{3340}{\text{(Zip code)}}$
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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.
Bu Hame
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
- MARKACCINGSHEAD, WANDER
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having instody 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)
May I I solling / al
Signature of an authorized person
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 ints.817.155, F.S.

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

St. John's Land Company, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 11, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000732403**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of January, 2018 at 9:36 AM. This certificate is assigned 025124728.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.