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| (Re                     | questor's Name)   |             |
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| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | ∋ #)        |
|                         |                   | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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## COVER LETTER

TO: **Registration Section Division of Corporations** 

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## SUBJECT: THE PINES APARIMENTS, LLC

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:

| Jack W. Sheidler   |
|--|
| Name of Person   |
|  |
| Finn/Company   |
| 718 Golden Beach Blvd #9   |
| Address  |
| Venice, FL 34285   |
| City/State and Zip Code  |
| tr6ccol@aol.com  |
| E-mail address: (to be used for future annual report notification) |
| r further information concerning this matter, please call:         |
| Linda B. Thomas, Esqau (270) 842-8737                              |

Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations **Division of Corporations Registration Section** Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: S125.00 Filing Fee

S130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

S160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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| IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILI                | γ |
|---|---|
| COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:   |   |
| 1 The Pines Apartments, LLC<br>(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "LLC.," or "LLC.") |   |

| (If mume unavailable, enter alternate una   | ne adopted for the purpose of transacting business   | in Florida The alternat | e name must include "Lanated Liabo | they Company," "L.L.C." or "Li | .C.")     |
|---|--|-------------------------|------------------------------------|--------------------------------|-----------|
| v Oklahoma                                  |  | 3.                      |                                    |                                |           |
| (Jurisdiction under the law of which        | th foreign limited liability company is organized)   |                         | (FEI numbe                         | r, if applicable)              | -         |
| 4.  |  |                         |                                    |                                |           |
| 4   | (Date first transacted business in Flunda, if pr<br>(See sections 605 0804 & 605 0905, F.S. to d |                         |                                    | ····                           |           |
| 5 23130 Lauren La                           | ane  | 6.                      |                                    |                                |           |
| S. (Street Address of Pri<br>Edmond, OK 730 | ncipal Office)   |                         | (Mailing Addre                     | ·····                          | -         |
| EARDIEL, OK 75                              |  |                         |                                    |                                | -         |
| 7. Name and street address                  | of Florida registered agent: (P.O.   | Box <u>NOT</u> acce     | ptabic)                            |                                | -         |
|   | Jack W. Sheidler   |                         |                                    |                                |           |
| Name:                                       | Jack W. Stefulet   |                         | <u> </u>                           |                                |           |
| Office Address:                             | 718 Golden Beach Blu   | d_#9                    |                                    | <b>1</b>                       |           |
|   | Venice   |                         | , Florida <u>34285</u>             | <u>}-</u>                      | 1<br>2    |
|   | (24))  |                         | (Zip code                          |                                |           |
| Registered agent's accepta                  | ance:<br>istered agent and to accept service   | of process for          | the above stated limited           | liahility company at           | Le nlace  |
| designated in this applicati                | on, I hereby accept the appointme  | nt as registered        | agent and agree to act i           | n this capacity. I fur         | ner agree |
|   | ns of all statutes relative to the pro   |                         | ete performance of my d            | luties, and Film famil         | ar with   |
| and accept the obligations                  | of my position as registered agent   | 1                       |                                    |                                | 2         |
|   | Can Al   | unt                     |                                    | S. K                           |           |
|   | Jack W. Sheidler (Registered ag  | scal's signature)       |                                    |                                |           |
| 8. The same title or cases                  | tity and address of the person(s) wh   | o bac/bave auth         | ority to manage is/ere:            | <b>o</b> r - C                 | Í         |
| <u>Title or Capacity:</u>                   | Name and Address:  |                         | or Capacity:                       | Name and Address               | <u>:</u>  |
| Nember                                      | Jack W. Sheidler   |                         |                                    |                                |           |
| <u></u>                                     | 718 Golden Beach   |                         |                                    |                                |           |
|   | Venice, FL 34285   | <u> </u>                |                                    |                                |           |
| Member                                      | Gary Shavers   |                         |                                    |                                |           |
| ···   | 23130 Lauren Lan   | <u> </u>                |                                    |                                |           |
|   | Edmond, OK 7300  | 3                       |                                    |                                |           |

(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.

|         | And      | hull                             |
|---------|----------|----------------------------------|
| Jack W. | Speidler | Menature of an authorized persua |
|         | (        | Jack W. Sheidler                 |

Typed or printed name of signee



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

*I, THE UNDERSIGNED,* Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

**I FURTHER CERTIFY** that <u>THE\_PINES\_APARTMENTS, LLC</u> whose, registered agent is <u>GARY SHAVERS</u>, with its registered office at <u>23130 LAURIST</u>. <u>LN\_EDMOND 73003\_USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is **us**, to be construed as an endorsement, recommendation or notice of approval of **me** entity's financial condition or business activities and practices. Such information **v** not available from this office. 61 iS- HA & I NYT 81



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>8th</u>, day of <u>January</u>, <u>2018</u>.

Secretary Of State