M18000002984

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700311104257

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr. Ste A. Tallahassee FL. 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 03-28-18

NAME: PREMIER DEVELOPMENT, LLC

TYPE OF FILING: APPLICATION FOR AUTHORITY

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

·

TO: Registration Section

Div	ision of Corporation	15				
SUBJECT:	Premier Developme					
		Name of I	Limited Liability (Company		
The enclosed Existence, ar	I "Application by For ad check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Florida," y company to transact busine	Certificate of ess in Florida.
Please returi	i all correspondence c	oncerning this matter to the	following:			
	Holly Collins					
		N;	ime of Person			
	B&C Corporate	Services of Central Florida	, Inc.			
		Fi	rm/Company			
	390 North Orac	ge Avenue, Suite 1400				
			Address			
	Orlando, Florid	a 32801				
		City/S	tate and Zip Code			
	hcollins@broada	ndeassel.com				
		E-mail address: (to be used	Hor future annual	report no	ification)	
For further in	nformation concerning	g this matter, please call:				
Ho	Hy Collins		407 at (839-42		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	MLING ADDRESS: ision of Corporations distration Section). Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section wilding coutive Center Circle see, FL 32301	
	a check for the follow \$125,00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop.	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA SEATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

 	sune unavailable, enter alternate s	none adopted for the jumpose of transacting business in Flo	wida. The alternate i	same must melade "Linuted Lin	ibility Comp≱ny," "L	1C," or "I,E	_ (")
	Delaware						•
<u>-</u>		high foreign limited linkility company is organized)	.>	36-4893 (Filmoni	ber, if applicable)		-
4.							
		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, U.S. to determ	ine penalty liability)				
5.	1200 Network Centre	Drive, Suite 2	6. 1200	Network Centre Driv	e, Suite 2		_
	Effingham, IL 62401	Policipal (Thice)		(Minling Add gham, H. 62401	kress)		
				2,,,,,,,	Ē	25	-
						- 3	
7.	Name and street addies	ss of Florida registered agent: (P.O. Box	NOT accepta	able)	AHAS AHAS	MAR 2	~T
	Name:	B&C Corporate Services of Central Fl	lorida, Inc.	_	Si A	28	1
	Office Address:	390 North Orange Avenue, Suite 1400		-		PH	ΓΓ
		Orlando		Florida 32801	SS	1:2	
	gistered agent's accep	(City)		, Florida <u>32801</u> Dip cod	<u> </u>	2	
ana	d accept the obligation.	s of my position as registered agent.		performance of my	amics, ama 1 6	т јатии	ir wiin
ane	d accept the obligation. The name, title or capa	s of my position as registered agent. Old (Registered agent's acity and address of the person(s) who has	supporture)	ity to manage is/are:			ir wiii
ane	The name, title or capa Title or Capacity:	s of my position as registered agent. Old Cold (Registered agent's acity and address of the person(s) who have and Address:	supporture)	VP	Name and		er with
ane	d accept the obligation. The name, title or capa	s of my position as registered agent. Old (Registered agent's acity and address of the person(s) who have and Address: Jonathan Brumleve	supporture)	ity to manage is/are:			er wan
ane	The name, title or capa Title or Capacity:	s of my position as registered agent. Old Cold (Registered agent's acity and address of the person(s) who have and Address:	supporture)	ity to manage is/are:			ir with
ane	The name, title or capa Title or Capacity:	acity and address of the person(s) who has Name and Address: Jonathan Brumleve 1200 Network Centre Dr.	supporture)	ity to manage is/are:			ir with
ane	The name, title or capa Title or Capacity:	acity and address of the person(s) who has Name and Address: Jonathan Brumleve 1200 Network Centre Dr.	supporture)	ity to manage is/are:			ir waa
<i>8</i> ,	The name, title or capa Title or Capacity:	s of my position as registered agent. (Registered agent's acity and address of the person(s) who has Name and Address: Jonathan Brumleve 1200 Network Centre Dr. Ste 2, Effingham, 11, 6240)	supporture)	ity to manage is/are:			ir with
(U. 9. /	The name, title or capa Title or Capacity: Manager Se attachments if necess Attached is a certificate	s of my position as registered agent. (Regnered agent's acity and address of the person(s) who has Name and Address: Jonathan Brumleve 1200 Network Centre Dr. Ste 2, Effingham, 11, 6240) sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	duly muthentic:	ity to manage is/are: Capacity:	Name and	Address:	in the
(U. 9. 7) juri of t	The name, title or capa Title or Capacity: Manager Mached is a certificate sdiction under the law a he translator must be su	s of my position as registered agent. (Regnered agent's acity and address of the person(s) who have and Address: Jonathan Brumleve 1200 Network Centre Dr. Ste 2, Effingham, H. 6240) stary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) ated in accordance with section 605.0203 the Department of State constitutes a thi	duly muthenties e is in a foreig	ity to manage is/are: Capacity: Inted by the official ban language, a translation language, a translation was provided for in s	Name and	Address:	in the
(U. 9. 7) juri of t	The name, title or capa Title or Capacity: Manager Mached is a certificate sdiction under the law a he translator must be su	s of my position as registered agent. (Regnered agent's acity and address of the person(s) who have and Address: Jonathan Brumleve 1200 Network Centre Dr. Ste 2, Effingham, H. 6240) stary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) ated in accordance with section 605.0203 the Department of State constitutes a thi	duly muthenties e is in a foreig	ity to manage is/are: Capacity: Inted by the official ban language, a translation language, a translation was provided for in s	Name and	Address:	in the
(U. 9. 7) juri of t	The name, title or capa Title or Capacity: Manager Mached is a certificate sdiction under the law a he translator must be su	s of my position as registered agent. (Regnered agent's acity and address of the person(s) who has Name and Address: Jonathan Brumleve 1200 Network Centre Dr. Ste 2, Effingham, H. 6240) sary) of existence, no more than 90 days old, of which it is organized. (If the certificate ibmitted) ated in accordance with section 605.0203 the Department of State constitutes a thi	duly nuthentice is in a foreig	ity to manage is/are: Capacity: Inted by the official ban language, a translation language, a translation was provided for in s	Name and	Address:	in the
(U. 9. 7) juri of t	The name, title or capa Title or Capacity: Manager Mached is a certificate sdiction under the law a he translator must be su	s of my position as registered agent. (Regnered agent) acity and address of the person(s) who has Name and Address: Jonathan Brumleve 1200 Network Centre Dr. Ste 2, Effingham, H. 6240) sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) ated in accordance with section 605.0203 the Department of State constitutes a thin Superiore. Jonathan Brumleve	duly muthenties e is in a foreig	ity to manage is/are: Capacity: It does not be official base to language, a translation of a Statutes. I am aware my as provided for in second	Name and	Address:	in the

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PREMIER DEVELOPMENT, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PREMIER

DEVELOPMENT, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY,

A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6756662 8300

SR# 20182227514

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202401882

Date: 03-27-18