# AU8000003305

(Requestor's Name)	_				
(Address)	_				
- <del></del>					
(Address)					
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					
ı					

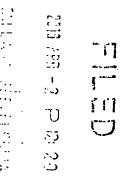




000310429890

03/19/18--01017--003 \*\*125.00

04/05/18--01002--018 \*\*638.75





## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2018

GLEN WHIPKINS 20912 E 50TH TERR CT S BLUE SPRINGS, MO 64015

SUBJECT: HARTRIDGE PROPERTIES, LLC

Ref. Number: W18000026590

We have received your document for HARTRIDGE PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 318A0000554

RECEIVED APR 0 2 2018

www.sunbiz.org

#### **COVER LETTER**

TO: Registration Section Division of Corporation	s			
SUBJECT: Harti	idge Pro Name of	Perhis Limited Liability Com	npany	
			n to Transact Business in Florida," Cert liability company to transact business in	
Please return all correspondence c	oncerning this matter to the	following:		
Gle	n Whiph	ame of Person	······································	
- Hasi	tridge Pro	perties fm/Company	LLC	
_ 20 9	112 E 2	5044 Te	err. Ct. S.	
Blue	Spring/s cipis	1 M O tate and Zip Code	64015	
hart.	E-mail address: (to be used	d for future annual rep	amail. Com port notification)	
For further information concerning	g this matter, please call:			
G/an Wameo	) hu o Kin S f Controct Person	_ at (573_)_ Area Code	789 376/ Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		<u>ST</u> Di Re CI 26	ivision of Corporations egistration Section lifton Building lift Executive Center Circle allahassee, FL 32301	可言の
Enclosed is a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing F Certified Copy	Fee &   \$160.00 Filing Fee, Certified Copy	ate

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

IN COMPLIANCE WITH SECTION 60 COMPANY TO TRANSACT BUSINESS		FOLLOWING IS SUBMITTED TO I	REGISTER A FOREIGN LIMITED LIABILITY
1. tartridge (Name of Foreign Limited	Properties L Liability Company, must include "Lim	LC.ited Liability Company," "L.L.C.," or	·LLC.")
(If name unavailable, enter alternate name adopt	ed for the purpose of transacting business in	Florida. The alternate name must include "Lin	nited Liability Company," "L.L.C," or "LLC.")
2. M / SS J / (Jurisdiction under the law of which foreign	n limited liability company is organized)	3. <u>47-15</u>	El number, if applicable)
4. 12-1-17	In first transacted business in Florids, if order	to resistation )	
, 20912 FS	to first transacted business in Florids, if prior sections 605,0904 & 605,0905, F.S. to dete	rmine penalty liability)  6. 209/2 E.	50 terr 1+ 5
Blue Spring	5, <u>MO 6</u> 4015	Rlue Sp.	50 tor, (# S. ing Address) 1105, MO (64015
7. Name and street address of Flo	orida registered agent: (P () R	ov NOT accentable)	
	-len whokin		
Office Address:	03 The Ma	cters Blud	
	Shalimai	, Florida <u></u>	2379
Registered agent's acceptance:	(City)		(Zip code)
to comply with the provisions of and accept the obligations of my			of my duties, and I am familiar with
8. The name, title or capacity and		-	/are:
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
member	Calen Whinks	a (	25 S
7,7,0,7,0	903 The Markers	Blvd	
	- Shalimar-, FL 32.	3 <b>9</b>	
<u> </u>			37 N
		<del></del>	
(Use attachments if necessary)			79 89 89 89 89 89 89 89 89 89 89 89 89 89
	h it is organized. (If the certific		cial having custody of records in the anslation of the certificate under oath
10. This document is executed in a	accordance with section 605.02	03 (1) (b), Florida Statutes. I am	a aware that any false information
submitted in a document to the De	111 1101	umu degree lelony as provided l	or in 8.617.155, P.S.
	Signatur Signatur	re of an authorized person	<del></del>
	Glen Wh	'pKins	
	Туреја	or printed name of signee	

STATE OF MISSOURI



### John R Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. A SHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Hartridge Properties, LLC LC001415192

was created under the laws of this State on the 8th day of August, 2014, and is active, having fully complied with all requirements of this office.

IN-TESTIMONY WHEREOF, I'hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of March, 2018.

Secretary of State

Certification Number: CERT-03122018-0084

