M18000004340

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500311697465

04/16/18--01043--004 **130.00

WILLIAM 1- AVII BECK

4AY 0 4 20'"

J. HARRIS

COVER LETTER

TO:		ration Section n of Corporation	25				
SUBJI	FCT.		Park	erz Ins, LLC			
3000	EC1:		Name of	Limited Liability	Company		-
The en Exister	closed "A nce, and c	pplication by For heck are submitte	reign Limited Liability Com d to register the above refer	pany for Authoriz	ation to Tr ited liabilit	ansact Business in Florida, by company to transact busi	" Certificate of ness in Florida.
Please	return all	correspondence	concerning this matter to the	following:			
		Zachary Park	ar .				
			1	lame of Person	•	· · · · · · · · · · · · · · · · · · ·	-
			 F	irm/Company			-
		4676 San Saba	Drive				
				Address			-
		Hahira, GA 31	632				
			City/\$	State and Zip Code			-
		zachary_parker@	gus.aflac.com				
			E-mail address: (to be use	d for future annua	report no	tification)	=
For fur	ther infor	mation concernin	g this matter, please call:				
	Zachar	y Parker		229 at (630-:		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclose		eck for the follow .00 Filing Fee	ing amount: 5 \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	



April 18, 2018

ZACHARY PARKER 4676 SAN SABA DR HAHIRA, GA 31632

SUBJECT: PARKERZ INS LLC Ref. Number: W18000036837

We have received your document for PARKERZ INS 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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: 418A00007914



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:

seme unavailable, enter alternat	s same adopted for the purpose of transacting business in Fic	rids. The alternate more must include "Limited Li	isbility Company," "L.L.C." or "LLC.")
Georgia		1 45-2567719	
(Jurisdiction under the law of	which foreign limited liability company is organized)	J	nber, if applicable)
April 1, 2018			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)	
4676 San Saba Drive		6 4676 San Saba Drive	
	(Principal Office)	6. 4070 San Saba Drive	dress)
Hahira, GA 31632		Hahira, GA 31632	-
			No
	· · · · · · · · · · · · · · · · · · ·		
Name and street adds	ess of Florida registered agent: (P.O. Box	NOT conments	
and and succe succe	70/1000 again. (F.O. Box	TANT secchanic)	in in 🏖 🚅
Name:	Courony for her		
Office Address:	8548 Sunnise Keu	On	γνή ω: στυ μ **Σ στο
Office Address.	Vicion 200	211	
	Kissimmee	, Florida 3	775 = 3
gistered agent's acce	(City)	(Zip co	40) Z : :
ving been named as i	registered agent and to accept service of p	process for the above stated limited	d liability company at the play
comply with the provi	stion, I nevery accept the appointment a sions of all statutes relative to the proper ns of my position as registered agent.	registered agent and agree to acc and complete performance of my	t in this capacity. I further ag duties, and I am familiar wit
comply with the provi	sions of all statutes relative to the proper	s registered agent and agree to acc and complete performance of my	t in this capacity. I further ag duties, and I am familiar wit
comply with the provi	sions of all statutes relative to the proper	and complete performance of my	t in this capacity. I further ag duties, and I am familiar wit
comply with the provi of accept the obligation	sions of all statutes relative to the proper ns of my position as registered agent. (Registered agent)	and complete performance of my	t in this capacity. I further ag duties, and I am familiar wit
comply with the provi od accept the obligation	sions of all statutes relative to the proper ns of my position as registered agent.	and complete performance of my	t in this capacity. I further ag duties, and I am familiar with Name and Address:
comply with the provi and accept the obligation	sions of all statutes relative to the proper ns of my position as registered agent. (Registered agent) pacity and address of the person(s) who ha	and complete performance of my ignature) s/have authority to manage is/are:	duties, and I am familiar with
comply with the provi ad accept the obligation The name, title or cap <u>Title or Capacity</u> ;	pacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive	and complete performance of my schares s/have authority to manage is/are: Title or Capacity:	duties, and I am familiar with
comply with the provi ad accept the obligation The name, title or car <u>Title or Canacity;</u>	pacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA	and complete performance of my schares s/have authority to manage is/are: Title or Capacity:	Name and Address:
comply with the provi ad accept the obligation The name, title or car <u>Title or Canacity;</u>	pacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive Valdosta, GA 31602	and complete performance of my schares s/have authority to manage is/are: Title or Capacity:	Name and Address: 230000 OXXL
comply with the provi ad accept the obligation The name, title or cap <u>Title or Capacity</u> ;	pacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive	and complete performance of my schares s/have authority to manage is/are: Title or Capacity:	Name and Address: 230000 OXXL
comply with the provi	pacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive Valdosta, GA 31602	and complete performance of my schares s/have authority to manage is/are: Title or Capacity:	Name and Address: 230000 OXXL
comply with the provi	pacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive Valdosta, GA 31602 CMILL PARCE LANGE, GH 31637	and complete performance of my schares s/have authority to manage is/are: Title or Capacity:	Name and Address: 230000 OXXL
The name, title or cap Title or Capacity: Accountant	pacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive Valdosta, GA 31602 CMILL PARCE LANGE, GH 31637	and complete performance of my schares s/have authority to manage is/are: Title or Capacity:	Name and Address: 230000 OXXL
The name, title or cap Title or Capacity; Accountant	pacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive Valdosta, GA 31602 CMILL PARCE LANDER, GH 316 37	s/have authority to manage is/are: Title or Capacity:	Name and Address: 230 Day Parke 3546 CANH CO
The name, title or cap Title or Capacity: Accountant Jse attachments if nece	pacity and address of the person(s) who has name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive Valdosta, GA 31602 CMILL PARCE LANGE GA 31602 ssary) e of existence, no more than 90 days old, or of which it is organized. (If the certificate	and complete performance of my shave authority to manage is/are: Title or Capacity: MG R	Name and Address: 2200 PARCE 3546 CACH CACH NEW MED ATT
The name, title or cap Title or Capacity: Accountant Jse attachments if nece	pacity and address of the person(s) who has name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive Valdosta, GA 31602 CMILL PARCE LANGE GA 31602 ssary) e of existence, no more than 90 days old, or of which it is organized. (If the certificate	and complete performance of my shave authority to manage is/are: Title or Capacity: MG R	Name and Address: 2200 PARCE 3546 CACH CACH NEW MED ATT
The name, title or cap Title or Capacity: Accountant Use attachments if nece Attached is a certificat is diction under the law the translator must be:	sions of all statutes relative to the proper ins of my position as registered agent. (Registered agent.	shave authority to manage is/are: Title or Capacity: MG P Suly authenticated by the official has is in a foreign language, a translate	Name and Address: 2300 Or
The name, title or cap Title or Capacity: Accountant Je attachments if nece Attached is a certificat is diction under the law the translator must be: This document is executed accountant.	pacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive Valdosta, GA 31602 CMILL GH 31632 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cuted in accordance with section 605.0203	shave authority to manage is/are: Title or Capacity: MG P Suly authenticated by the official had is in a foreign language, a translate (1) (b), Florida Statutes. I am away	Name and Address: 230000
The name, title or cap Title or Capacity: Accountant See attachments if nece Attached is a certificat is diction under the law the translator must be: This document is executed.	sions of all statutes relative to the proper ins of my position as registered agent. (Registered agent.	shave authority to manage is/are: Title or Capacity: MG P Suly authenticated by the official had is in a foreign language, a translate (1) (b), Florida Statutes. I am away	Name and Address: 230000
The name, title or cap Title or Capacity: Accountant Accountant Attached is a certificate risdiction under the law the translator must be accounted to the capacity.	sions of all statutes relative to the proper ins of my position as registered agent. (Registered agent. Deacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive Valdosta, GA 31602 GMILL PARCE LANGE GH 316 37 ssary) The of existence, no more than 90 days old, or of which it is organized. (If the certificate submitted) The of the Department of State constitutes a thing the constitutes at the	duly authenticated by the official has is in a foreign language, a translated legree felony as provided for in	Name and Address: 230000
The name, title or cap Title or Capacity: Accountant Accountant Attached is a certificate risdiction under the law the translator must be accounted to the capacity.	sions of all statutes relative to the proper ins of my position as registered agent. (Registered agent. Deacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive Valdosta, GA 31602 GMILL PARCE LANGE GH 316 37 ssary) The of existence, no more than 90 days old, or of which it is organized. (If the certificate submitted) The of the Department of State constitutes a thing the constitutes at the	shave authority to manage is/are: Title or Capacity: MG P Suly authenticated by the official had is in a foreign language, a translate (1) (b), Florida Statutes. I am away	Name and Address: 230000
The name, title or cap Title or Capacity: Accountant Accountant Attached is a certificate risdiction under the law the translator must be accounted to the capacity.	sions of all statutes relative to the proper ins of my position as registered agent. (Registered agent. Deacity and address of the person(s) who has Name and Address: Thad E. Hughes, CPA 2717-A Windemere Drive Valdosta, GA 31602 GMILL PARCE LANGE GH 316 37 ssary) The of existence, no more than 90 days old, or of which it is organized. (If the certificate submitted) The of the Department of State constitutes a thing the constitutes at the	duly authenticated by the official has is in a foreign language, a translated legree felony as provided for in	Name and Address: 230000

Typed or printed exme of signer

Control Number: 11047085

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PARKERZ INS LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15732441 Date Inc/Auth/Filed: 09/09/2011 Jurisdiction : Georgia Print Date : 04/09/2018

Form Number : 211



Brian P. Kemp Secretary of State