

M18 00 0007892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

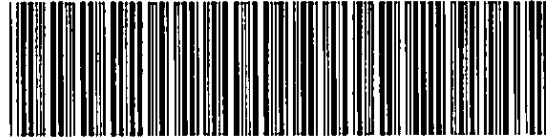
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2018

DEANNA BURNETT  
1680 COUNTY ROAD 1024  
CUNNINGHAM, KY 42035 US

SUBJECT: LBN RENTALS, LLC  
Ref. Number: W18000041094

We have received your document for LBN RENTALS, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 718A00009038

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LBN, 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:

DEANNA BURNETT

\_\_\_\_\_  
Name of Person

LBN, LLC

\_\_\_\_\_  
Firm/Company

1680 COUNTY ROAD 1024

\_\_\_\_\_  
Address

CUNNINGHAM, KY 42035

\_\_\_\_\_  
City/State and Zip Code

DEANNA@RCR-LLR.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEANNA BURNETT

270

642-2479

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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. LBN, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
LBN Rentals, LLC  
(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 "LLC.")
2. TENNESSEE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-4559141  
(FEI number, if applicable)

4. 4/1/2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1680 COUNTRY ROAD 1024  
(Street Address of Principal Office)  
CUNNINGHAM, KY 42035
6. 1680 COUNTY ROAD 1024  
(Mailing Address)  
CUNNINGHAM, KY 42035

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENT LEGAL SERVICES, LLC

Office Address: 155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, Florida 32301  
(City) (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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Daniel Powell  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MEMBER</u>	<u>WILLIAM R NEESE</u> <u>611 BLANTON ST</u> <u>PARIS, TN 38242</u>	<u>MEMBER</u>	<u>ANDREW H LUNDBERG</u> <u>750 SOMERSET DRIVE</u> <u>PARIS, TN 38242</u>
<u>MEMBER</u>	<u>JEFF BERRYHILL</u> <u>295 HWY 140 EAST</u> <u>PURYEAR, TN 38251</u>		

(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.

WR Neese  
Signature of an authorized person

W R NEESE

Typed or printed name of signee

2018 MAY 22 PM 1:37  
TALLAHASSEE, FLORIDA

FILED



Tre Hargett  
Secretary of State

**Division of Business Services  
Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**DANA STEPHENS**

March 23, 2018

1680 COUNTY ROAD 1024  
CUNNINGHAM, KY 42035

**Request Type: Certificate of Existence/Authorization**  
**Request #:** 0271187

**Issuance Date:** 03/23/2018  
**Copies Requested:** 1

**Document Receipt**

**Receipt #:** 003945007

**Filing Fee:** \$20.00

**Payment-Credit Card - State Payment Center - CC #:** 3725117133

\$20.00

**Regarding:** LBN, LLC

**Filing Type:** Limited Liability Company - Domestic

**Control #:** 947550

**Formation/Qualification Date:** 02/16/2018

**Date Formed:** 02/16/2018

**Status:** Active

**Formation Locale:** TENNESSEE

**Duration Term:** Perpetual

**Inactive Date:**

**Business County:** HENRY COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**LBN, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

**Verification #: 027064631**