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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2018

RACHELE HUETT PO BOX 3737 GS SPRINGFIELD, MO 65808

SUBJECT: HOLLY RIDGE INVESTORS, LLC Ref. Number: W18000046537

We have received your document for HOLLY RIDGE INVESTORS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 718A00010174

www.sunbiz.org

Division of Commentions, D.O. DOV 6207 Tellahanna Flavida 20214

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COVER LETTER

TO: **Registration Section Division of Corporations**

Holly Ridge Investors, LLC

SUBJECT:

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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:

Rachele Hu	ett		
	Ň	ame of Person	
Wilhoit Pro	perties. Inc.		
	F	irm/Company	
P.O. Box 37	37 GS		
		Address	
Springtield,	MO 65808		
	City/S	tate and Zip Code	
rhuett@wilho	itproperties.com		
	E-mail address: (to be use	d for future annual report	t notification)
For further information concer	ning this matter, please call:		
Rachele Huett		417 885 at ()	5-3509
Nan	ne of Contact Person		Daytime Telephone Number
MAILING ADDRE		Divis	EET ADDRESS: tion of Corporations
Registration Section P.O. Box 6327 Tallahassee, FL 3231	4	Clifto 2661	stration Section on Building Executive Center Circle hassee, FL 32301
Enclosed is a check for the fol	lowing amount:		
S125.00 Filing Fee	e □ \$130.00 Filing Fee & Certificate of Status	S155.00 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

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 Holly Ridge Investors, LLC

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name unavalisõie, enter alternate r	ume adopted for the purpose of transacting business in F	lorida. The alternate name must include "I	limited Liability Company," "L.L.C," or "LLC
Missouri		3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable)
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to detert	o registration.) nine penalty liability)	
Holly Ridge Investors.		6. Holly Ridge Investo	ors, LLC
(Street Address of I	rincipal Office)	(M	lailing Address)
1730 E Republic Rd. S	uite F	P.O. Box 3737 GS	
Springfield, MO 6580	4	Springfield, MO 6	5808
Office Address.			
Name:	Corporation Service Company		지 문
Office Address:	1201 Hays Street		601 FILE
	Tallahassee	, Florida <u>323</u>	
·· ·	(City)		(Zip code)
esignated in this applica comply with the provisi	(City)	`process for the above stated as registered agent and agre r and complete performance	ري (Zip code) اimited liability company at the e to act in this capacity. Tfurth
laving been named as re esignated in this applica) comply with the provisi nd accept the obligation.	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. (Registered agent)	process for the above stated as registered agent and agre r and complete performance sygnature)	(Zip code) limited liability company at the e to act in this capacity. Tyurth e of my duties of my duties
laving been named as re esignated in this applica o comply with the provisi nd accept the obligation.	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	process for the above stated as registered agent and agre r and complete performance sygnature)	(Zip code) limited liability company at the e to act in this capacity. Tyurth e of my duties of my duties
laving been named as re esignated in this applica o comply with the provise nd accept the obligation 3. The name, title or capa	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. (Registered agent) actity and address of the person(s) who h	Sprocess for the above stated as registered agent and agre r and complete performance sygnature) as/have authority to manage	(Zip code) limited liability company at the e to act in this capacity. If urth of my dutie mnd I am familia
laving been named as re- esignated in this applica o comply with the provisi nd accept the obligation . The name, title or capa <u>Title or Capacity:</u>	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. (Registered agent) acity and address of the person(s) who h <u>Name and Address</u> :	Sprocess for the above stated as registered agent and agre r and complete performance sygnature) as/have authority to manage	(Zip code) limited liability company at the e to act in this capacity. If urth of my dutie mnd I am familia

(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 cross titutes a third degree felony as provided for in s.817.155, F.S.

\mathcal{D}	P
 \mathcal{V}	Signature of an authorized person

Vaughn C. Zimmerman

Typed or printed name of signee

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:

Holly	Ridge	Investors,	LLC
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(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

Missouri	name adopted for the purpose of transacting business in Fic	,			
	trich foreign limited lightity company is arganized)	3	(FEI number, if a	oplicable)	<u> </u>
· · · · ·	(Data first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registratio	n.) fisbility)	-	
Holly Ridge Investors,	, LLC	6	Holly Ridge Investors, LLC		
(Street Address of		0.	(Mailing Address)		~
1730 E Republic Rd. S	Suite F		P.O. Box 3737 GS	- 6	<u>ه</u>
Springfield, MO 6580	4		Springfield, MO 65808		7
	` `				2
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	• •	2
TATHE AND STREET POOLE	S of Fiorida registered agent. (F.O. Box			-	مده
Name:	Corporation Service Company				Hd
Office Address:	1201 Hays Street				ڊ _ي
	Tallahassee		, Florida <u>32301</u>	·	ے ان
	(City)		(7.ip code)		
egistered agent's accep					
	gistered agent and to accept service of j				
	tion, I hereby accept the appointment a				
	ions of all statutes relative to the proper s of my position as registered agent.	ana co	mpiere perjormance of my dune:	s, ana 1 am ja	minur
na acceptine oonganon	s of my position as registered ageni.	(`			
	, Mary Cr	5	un		
	(Registered agent's	signature)		-	
			Karin L. Duni	n, Assistai	nt VP
 The name, title or capit 	acity and address of the person(s) who ha	is/have			

Title or Canacity:	Name and Address:	Title or Capacity:	<u>Name and Address:</u>
Manager	Vaughn C Zimmerman P.O. Box 3737 GS Springfield, MQ 65808		

(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.

	- Ala	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Signature of an authorized person	
Vaughn C. Zimmerman		

Typed or printed name of signee



# John R. Ashcroft Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, 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

#### Holly Ridge Investors, LLC LC001590772

was created under the laws of this State on the 9th day of May, 2018, 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 9th day of May, 2018.

Certification Number: CERT-05092018-0111

