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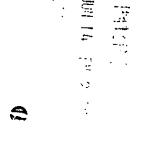
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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cert wis-	52042	





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O SIMMONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2018

J. BARRINGTON VAUGHT 6416 BRADLEY PARK DR, BLDG B COLUMBUS, GA 31904

SUBJECT: INTREPID PROPERITES, LLC

Ref. Number: W18000052042

We have received your document for INTREPID PROPERITES, 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):

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: 218A00011520

2018 JUN 14 AF

www.sunbiz.org

COVER LETTER

		ÇO	VER EET LEK			
	ation Section 1 of Corporation	ıs				
SUBJECT:	TREPID PROPE	RTIES, LLC				
		Name of	Limited Liability (Company		
		eign Limited Liability Comp d to register the above refere				
Please return all	correspondence c	oncerning this matter to the	following:			
	J. Barrington V	aught				
		N.	ame of Person	-	•	
	Vaught Law Of	fice. LLC				
		Fi	rm/Company			
	6416 BradleyPa	ark Drive, Building B				
			Address	_		
	Columbus, GA	31904				
		City/S	tate and Zip Code			
	jbv@lawjbv.com	and Robert.Lewis@columb	ousshoulder.com			
-		E-mail address; (to be used	I for future annual	report not	ification)	
For further inform	mation concerning	g this matter, please call:				
J. Barri	ngton Vaught		706 at (221-513		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 (see, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a che ☐ \$125	ck for the follow .00 Filing Fee	ing amount: \$\Bigsize \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng 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 STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Georgia		ss in Florida. The alternate name must include "Limit	
	. , , , .	3 47-5433145	
	hich foreign limited liability company is organized		I number, if applicable)
no business conducted	in Florida as of the date of filing		
no business conducted	(Date first transacted business in Florida, if	prior to registration.)	
601 American Lagian	(See sections 605 0904 & 605,0905, F.S. to		
601 American Legion (Street Address of F		6. same or 2045 Centre S	Stone Court, Suite A
Maderia Beach, FL 33	-	Columbus, GA 31904	
			
			~Q
Name and street addres	ss of Florida registered agent: (P.O). Box. NOT acceptable)	.3
			e de la companya de La companya de la co
Name:	Robert G. Lewis, MD		,
Office Address:	601 American Legion Drive, Slip	o 17	8
		·	
	Maderia Reach	33709	ı
uving been named as re signated in this applica comply with the provisi	gistered agent and to accept servic tion, I hereby accept the appointm	ce of process for the above stated lin nent as registered agent and agree to proper and complete performance of	tip code) nited liability company at the o act in this capacity. I furthe
signated in this applica comply with the provisi	(City) tance: gistered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the p. s of my position as registered agen	ce of process for the above stated liner as registered agent and agree to proper and complete performance of	tip code) nited liability company at the o act in this capacity. I furthe
aving been named as re signated in this applica comply with the provisi	(City) tance: gistered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the p. s of my position as registered agen	ce of process for the above stated lin nent as registered agent and agree to proper and complete performance of	tip code) nited liability company at the o act in this capacity. I furthe
iving been named as resignated in this application comply with the provision daccept the obligations. The name, title or capa	tance: registered agent and to accept service tion. I hereby accept the appointm ions of all statutes relative to the p s of my position as registered agen (Registered)	ce of process for the above stated linent as registered agent and agree to proper and complete performance of agent's signature) who has/have authority to manage is/a	tip code) nited liability company at the operation and the property. I further my duties, and I am familian are:
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Typed or printed name of signee

Control Number: 15104046

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

Intrepid Properties 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 : 15826394 Date Inc/Auth/Filed: 10/27/2015 Jurisdiction : Georgia Print Date : 06/11/2018

Form Number : 211



B: P. Kemp Secretary of State