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# COVER LETTER

	istration Section ision of Corporation	18				
ento nezer.	ELDORA PROPER					
SUBJECT:			imited Liability (	Company		
The enclosed Existence, ar	I "Application by For ad check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza need foreign limit	tion to Tra ed fiability	unsact Business in Florida," Certificate o company to transact business in Florid	∍f` a.
Please return	all correspondence c	oncerning this matter to the	following:			
	JENNIFER S. I	СЕМРЕ				
		Ne	ime of Person	•		
	CREATIVE PL	ANNING LEGAL, P.A.				
		Fi	rm/Company			
	3400 COLLEG	E BLVD.				
		······	Address		, <u>, , , , , , , , , , , , , , , , , , </u>	
	LEAWOOD, K	S 66211				
		City/St	ate and Zip Code	•		
	PEGGNANCY@	HOTMAIL.COM				
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	iformation concernin	g this matter, please call:				
JEN	NNIFER S. KEMPF		913	356-55-		
_	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ALING ADDRESS: ision of Corporations distration Section . Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding reutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount:  S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$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 005,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	ES OF FLORIDA LLC					
	ate name adopted for the purpose of transacting bu-	siness in Florida. The alternat	e name must include "Limited Li	iability Company," "	l. l, C," or "l.l.	(`")
GEORGIA	of which foreign limited liability company is organi	3	(FF) nur	mber, if applicable)		
(Julianica a diace inc ma	or which foreign timined harmy everpuly to organi	7.001	(1			
4	(Date first transacted business in Florid,	L of these to restrict allow t	<del></del>			
	(See sections 605 1994 & 605 0905, F.)	S to determine penalty habiti	Νİ			
5. 1050 SANDY BLU	FF ROAD	6	(Mailing Ad	Men		-
(Street Address of Principal Office) NASHVILLE, GA 31639			( stating re-	<b></b>		
	· · · · · · · · · · · · · · · · · · ·	<u></u>			<del></del>	-
		<del></del>			12	- 1
7. Name and street add	dress of Florida registered agent: (1	P.O. Box NOT acce	ptable)	+	- L3	
	SHERI LYNN PEGG	<u></u>	,		#55	· .
Name:	SHERI ETHN LEGG		<del>_</del> -	•	15	
Office Addres	s: 1040 ADAMS STREET			  		
	HOLLYWOOD		Florida 33019		9	
	(Cny)	)	(Zip ce	ode)	~	
to comply with the pro	lication, I hereby accept the appoint visions of all statutes relative to the	e proper and compl	agent and agree to ac		rity. I furti	
to comply with the pro	visions of all statutes relative to th ions of my position as registered as YUU	e proper and compl gent. McLee o	agent and agree to ac		rity. I furti	her agree
to comply with the pro	visions of all statutes relative to th ions of my position as registered as YUU	e proper and compl	agent and agree to ac		rity. I furti	her agree
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to comply with the pro and accept the obligate 8. The name, title or c <u>Title or Capacity</u> MANAGER	rapacity and address of the person(s  WILLIAM STANLE  1050 SANDY BLUF  NASHVILLE, GA 31	e proper and complegent.  You be proper and complegent.	agent and agree to ac ete performance of my ority to manage is/are:	v duties, and I	city. I furti am famili	her agree ar with
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to comply with the pro and accept the obligate 8. The name, title or c Title or Capacity MANAGER	eapacity and address of the person(s  Name and Address:  WILLIAM STANLE  1050 SANDY BLUF  NASHVILLE, GA 31  NANCY PARKER PI  1050 SANDY BLUF  NASHVILL, GA 316	e proper and complegent.  Prop	agent and agree to ac ete performance of my ority to manage is/are:	v duties, and I	city. I furti am famili	her agree ar with
8. The name, title or c Title or Capacity MANAGER  MANAGER  (Use attachments if ne)	eapacity and address of the person(s  Name and Address:  WILLIAM STANLE  1050 SANDY BLUF  NASHVILLE, GA 31  NANCY PARKER PL  1050 SANDY BLUF  NASHVILL, GA 316  cessary)  ate of existence, no more than 90 days of which it is organized. (If the control of the con	e proper and complegent.  Prop	agent and agree to acete performance of my ority to manage is/are: or Capacity:	Name and I	am familian	her agree ar with
8. The name, title or c Title or Capacity MANAGER  MANAGER  (Use attachments if ne) 9. Attached is a certific jurisdiction under the le of the translator must be 10. This document is ex	eapacity and address of the person(s  Name and Address:  WILLIAM STANLE  1050 SANDY BLUF  NASHVILLE, GA 31  NANCY PARKER PL  1050 SANDY BLUF  NASHVILL, GA 316  cessary)  ate of existence, no more than 90 days of which it is organized. (If the control of the con	e proper and complegent.  The description of the proper and complegent.  The description of the proper and complegent.  The description of the proper and complegent.  Title of the proper and compl	agent and agree to acete performance of my ority to manage is/are: or Capacity: ticated by the official heigh language, a translatorida Statutes. I am awa	Name and I	Address:	her agree ar with

Typed or printed name of signee

WILLIAM STANLEY PEGG

Control Number: 18063608

#### 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

### Eldora 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 : 15812324 Date Inc/Auth/Filed: 05/21/2018 Jurisdiction : Georgia Print Date : 05/30/2018

Form Number : 211



Brian P. Kemp Secretary of State