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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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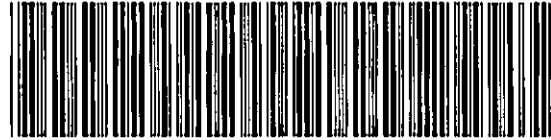
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2018 AUG 23 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 24 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2018

GRANT SIMON
5655 PEACHTREE PARKWAY STE 100
NORCROSS, GA 30092

SUBJECT: SOUTHEAST CLIPS LLC
Ref. Number: W18000071831

We have received your document for SOUTHEAST CLIPS LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

? 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.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 018A00016281

REC'D
2018 AUG 23 AM 10:49
DIVISION OF CORPORATIONS
INFORMATION SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTHEAST CLIPS, 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:

GRANT SIMON

Name of Person

SOUTHEAST CLIPS LLC

Firm/Company

5655 PEACHTREE PARKWAY STE 100

Address

NORCROSS, GA 30092

City/State and Zip Code

ACCOUNTING@LSGFMANAGEMENT.COM

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

For further information concerning this matter, please call:

ACCOUNTING DEPARTMENT

770

418-9938 EXT 404

at (_____) _____

Name of Contact Person

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. SOUTHEAST CLIPS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. GEORGIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-0791990

(FEI number, if applicable)

4. 08/01/2018

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 5655 PEACHTREE PARKWAY

(Street Address of Principal Office)

STE 100

NORCROSS, GA 30092

6. 5655 PEACHTREE PARKWAY

(Mailing Address)

STE 100

NORCROSS, GA 30092

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE

(City)

, Florida 32301

(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.

Holly Jones
Assistant Vice President

Holly Jones
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

ACCOUNTANT

MELANIA QUINN

DIRECTOR OF FIN

ALICIA CHAFIN

5655 PEACHTREE PARKWAY
NORCROSS, GA 30092

5655 PEACHTREE PKWY
NORCROSS, GA 30092

CONTROLLER

AMY SELL

MEMBER

GRANT SIMON

5655 PEACHTREE PKWY
NORCROSS, GA 30092

5655 PEACHTREE PKWY
NORCROSS, GA 30092

(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.

Melania Quinn
Signature of authorized person

Melania Quinn
Typed or printed name of signer

FILED
2018 AUG 23 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Southeast Clips, 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 : 16113475
Date Inc/Auth/Filed: 03/13/2017
Jurisdiction : Georgia
Print Date : 08/21/2018
Form Number : 211



Brian P. Kemp
Secretary of State