# M18000009744

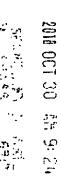
(Requestor's Name)	
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	ŀ
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M. MILLIGAN OCT 3 0 2018



October 19, 2018

YVETTÉ CLIFFORD PO BOX 100 PARIS, TX 75461

SUBJECT: CLIFFORD FAMILY PROPERTIES, LLC

Ref. Number: W18000070116

We have received your document for CLIFFORD FAMILY PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Letter Number: 418A00021467

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

### COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Clifford Family Pro					
SUBJECT		Name of	Limited Liability (	Company		
The enclosed Existence, and	"Application by For d check are submitte	eign Limited Liability Comp d to register the above refere	enced for Authoriza	tion to Tra ed liability	nsact Business in Florida," Certify company to transact business in	icate of Florida.
Please return	all correspondence o	oncerning this matter to the	following:			
	Yvette Clifford					
		N	ame of Person			
	Clifford Family	Properties, LLC				
		Fi	rm/Company	-,		
	PO Box 100					
			Address	•		
	Paris, Texas 7	75461				
		City/S	tate and Zip Code	•		
	sc.2291@gmail					
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	formation concerning	g this matter, please call:				
Yve	tte Clifford		903 at (	495-83 )	05	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 ahassee, FL 32314			Division of Registratic Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount:  \$\Bigcup \\$130.00 \text{Filing Fee & Certificate of Status}	☐ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certificatof Status & Certified Copy	ite

## 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:

Texas	ame adopted for the purpose of transacting business in Flor		
		rida, The alternate name must include "Limited Lial	bility Company," "L.L.C," or "LLC.")
(Jurisdiction under the law of wh		3	
	ich foreign limited liability company is organized)	(FEI numb	per, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty liability)	<del></del>
775 F Road		6. PO Box 100	
(Street Address of P	rincipal Office)	(Mailing Add	ress)
Loxahatchee, FL 334	70	Paris, TX 75461	2016
			<u> </u>
			1 3
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	(5 č
-	Yvette Clifford		
Name:	Tvette Ciliora		^ 4
Office Address:	775 F Road		9: 2
• • • • • • • • • • • • • • • • • • • •	Lavabatabaa	22470	
	Loxahatchee	, Florida 33470	
d accept the obligations	s of my position as registered agent.	hell	duties, and I am familiar with
•	Registered agent's		
•	Soul Hick		Name and Address:
The name, title or capa	(Registered agent's	s/have authority to manage is/are:	<del></del>
The name, title or capa <u>Title or Capacity:</u>	(Registered agent's city and address of the person(s) who has Name and Address:	s/have authority to manage is/are: Title or Capacity:	Name and Address:
The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s) who has  Name and Address:  Shannon Clifford  775 F Road  Loxahatchee. FL 33470  Philip Clifford	s/have authority to manage is/are: Title or Capacity:	Name and Address:  Yvette Clifford  775 F Road
The name, title or capa Title or Capacity: General Manager	city and address of the person(s) who has  Name and Address:  Shannon Clifford  775 F Road  Loxahatchee. FL 33470	s/have authority to manage is/are: Title or Capacity:	Name and Address:  Yvette Clifford  775 F Road
3. The name, title or capa <u>Title or Capacity:</u> General Manager	city and address of the person(s) who has  Name and Address:  Shannon Clifford  775 F Road  Loxahatchee. FL 33470	s/have authority to manage is/are: Title or Capacity:	Name and Address:  Yvette Clifford  775 F Road

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin. Texas 78711-3697



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Clifford Family Properties, LLC (file number 802988662), a Domestic Limited Liability Company (LLC), was filed in this office on April 13, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 29, 2018.



RY

Rolando B. Pablos Secretary of State