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SECRETARY OF STATE OIVISION OF CORPORATIONS

311111

#### COVER LETTER

SUBJECT:	Clemons Properties One, LLC
	Name of Limited Liability Company
The enclosed "A Existence, and cl	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heek 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:
	Joseph Clemons Name of Person
	Clemons Properties One, LLC
	Firm/Company
	Po Box 460
	Address
	Boone, IA 50036
	City/State and Zip Code
_	joe@clemonsautogroup.com
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
<del></del>	Name of Contact Person at (515) 298-3465  Area Code Daytime Telephone Number
	Name of Contact Person Area Code Daytime Telephone Number
MAILIN Division o	G ADDRESS: of Corporations Division of Corporations Division of Corporations Division of Corporations
	Clifton Building ee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check	for the following amount:
<b>X</b> \$125.0	00 Filing Fee \$\sum \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \tex

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of Foreign	s Properties One, LLC Limited Liability Company; must include "Limit	ed Liability (	Company," "L.L.C." or "L.C."	
		•	- mpany, black, or lige, y	
ne unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fle	rida. The alter	Tale name must include "Limit of Links as	<del></del>
<del>-</del> -				y, ""LLC," or "LLC,")
Jurisdiction under the law of w	nich foreign limited liability company is organized)	3	20-3315468	
	conquity is in gameett)		(FEI number, if applicable	(c)
	2-1-2019			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)	piliry	
1720 \$ 4			_	
(Street Address of P	larshall St.	6	PO Box 460 (Mailing Address)	
•				
Boone I	_/4		Boone, IA 50036	
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arma and atures 11	cm,		· · · · · · · · · · · · · · · · · · ·	<b>8</b>
ame and sireet address	of Florida registered agent: (P.O. Box	NOT acc	eptable)	030 Neels
Name:	Jue Clemons			Y OF STAIL CORPORATIONS AM 8: 02
				- <b>6</b>
Office Address:	4201 Fowler St.			RATIGN 8: 02
	T			7
	Fort Myers		, Florida 33901	
	(City)		(Zip code)	
tered agent's accepta	nce:			
	istered agent and to accept service of property is a service of property is a service of property is a service of property of the property of the property is a service of the property of the			
		registered and compl	ugent and agree to act in this capa ete performance of my duties, and i	city. I further ag
CCAME Charles and comments are an area.	of my position as registered agent.	•	- uyy	juminur Will
ccept the obligations (	y my position as registered agent.			
ccept the obligations (	Q 10 S			

Managing Partner Joe Clemons  705 Brockridge Dr.  Boone, IA 50036	
705 Brockridge Dr. Boone, IA 50036	
Boone, IA 50036	
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	SION OF ACRES IA
P	RY CH CORPO
8: 02	PORATIONS
Use attachments if necessary)	**
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate und the translator must be submitted)	in the er oath
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	on
De Como de provided for in 8.817.155. F.S.	
Signature of an authorized person  The Proceedings of the Control	

Typed or printed name of signer

## IOWA SECRETARY OF STATE PAUL D. PATE



#### CERTIFICATE OF EXISTENCE

Date: 12/7/2018

Name: CLEMONS PROPERTIES ONE, L.L.C. (489DLC - 314492)

Date of Incorporation: 7/25/2005

**Duration: PERPETUAL** 

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
  - a. The entity is in existence and duly incorporated under the laws of Iowa.
  - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
  - c. The most recent biennial report required has been filed with the Secretary of State.
  - d. The Secretary of State has not administratively dissolved the limited liability company.
  - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

ertificate ID: CS160736

validate certificates visit:

3.iowa.gov/ValidateCertificate

Part Sate

Paul D. Pate, Iowa Secretary of State