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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
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COVER LETTER

TO:

TO:	Registration Section Division of Corporat					
SUBJ	Fikes Properties,					
.,,,,,,,			f Limited Liability (ompany	<u> </u>	
		Foreign Limited Liability Con itted to register the above refe				
Please	return all correspondence	e concerning this matter to th	e following:			
	Samantha Fi	kes				
		1	Name of Person			
	Fikes Proper	ties, LLC				
		1	Firm/Company			
	P. O. Box 34	174				
			Address			
	Tupelo, MS	38803				
		City/	State and Zip Code			
	samfikes@bel	Isouth.net				
		E-mail address: (to be us	ed for future annual	report no	tification)	
For fu	rther information concer	ning this matter, please call:				
	Samantha Fikes		662 at (255-12	21	
	Nam	e of Contact Person	Area Code	Day	ytime Telephone Number	
	MAH.ING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ons		Division Registrat Clifton E 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
Enclos	ed is a check for the foll ■ \$125.00 Filing Fee		□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer 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:

If name unavailable, enter alternate n	name adopted for the purpose of transacting business i	in Florida. The alternate name must include "Limite	ed Liability Company," "L.L.C.	or "LLC.")
Mississippi		3. 64-0939516		
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	(FEI	number, if applicable)	
January 2019				
·· <u>-</u>	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	ior to registration.)		
2170 Cliff Gookin Blv		6. P. O. Box 3474		
(Street Address of I		O. (Mailing	g Address)	
Tupelo, MS 38801		Tupelo, MS 38803	<u></u>	
				<u></u>
7. Name and street address	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	TECRET	
Name:	Registered Agents Inc		<u> </u>	l practice
Office Address:	3030 N. Rocky Point Dr. STE 150a			
	Tampa	, Florida 33607	Ç⊓⊘ Tid	ب ب
	(City)		D Corps	S
laving been named as re esignated in this applica o comply with the provisi	•	of process for the above stated lim nt as registered agent and agree to oper and complete performance of	nited liability company act in this capacity.	♥ : at the plac I further ag
lesignated in this applica o comply with the provisi	stance: registered agent and to accept service registered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.	of process for the above stated lim nt as registered agent and agree to oper and complete performance of	nited liability company act in this capacity.	♥ : at the plac I further ag
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laving been named as re lesignated in this applica o comply with the provisi and accept the obligation: 8. The name, title or capa	stance: egistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro- s of my position as registered agent. (Registered agent acity and address of the person(s) who	of process for the above stated lim nt as registered agent and agree to oper and complete performance of ent's signature)	nited liability company act in this capacity, a my duties, and I am f	at the plac I further ag amiliar with
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Typed or printed name of signee



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

FIKES PROPERTIES, LLC

Registered the 13th day of April, 2001

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

105 S FRONT ST, P O BOX 7120 TUPELO, MS 38802

And that the registered agent at that address is:

ALBERT G DELGADILLO

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 19th day of December, 2018

Dellet Nosemann, 1.

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN18060752

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx