M19000000584

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Alternate Name

Office Use Only



400322184774

01/14/19--01019--013 **130.00

19 JAN 14 AH 9: 33
SEURLIANY OF STATE
TALLAHASSEE, FLORION

C CAVE JAN 1 6 2019

COVER LETTER

TO:

Registration Section

Divis	ion of Corporation	ns				
l SUBJECT: _	.NG Holdings, LLC	;				
· · · · · · ·		Name of I	Limited Liability (Company		
The enclosed ' Existence, and	'Application by For check are submitted	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	ansact Business in Florida,' y company to transact busin	Certificate of ness in Florida.
Please return a	ill correspondence c	concerning this matter to the	following:			
	Gary Wells					
		Na	ame of Person		·	
	LNG Holdings,	LLC				
		Fi	rm/Company			,
	PO 1261					
			Address			
	Edgewater, FL	32132				
		City/S	tate and Zip Code			
	GaryWellsOne@	aol.com				
		E-mail address: (to be used	for future annual	report no	tification)	
For further inf	ormation concerning	g this matter, please call:				
Gary	Wells		410 at (757-52	00	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Divis Regis P.O.	LING ADDRESS: stration of Corporations stration Section Box 6327 hassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding decutive Center Circle see, FL 32301	
	check for the follow 25.00 Filing Fee	ing amount: \$\B\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co	

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:

White Brothers Holdings.	LLC				
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")		
2. New Mexico		3. 83-3031879			
(Jurisdiction under the law of w	which foreign limited liability company is organized)	(FEL t	number, if applicable)		
1					
4. <u> </u>	(Date first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to det	or to registration.)			
5 7901 4th St N STE 30		PO 1261			
(Street Address of	Principal Office)	6. PO 1261 (Mailing.	Address)		
St. Petersburg, FL 337	02	Edgewater, FL 32132			
7 Name and street addre	ss of Florida registered agent: (P.O. F	Roy NOT accentable)			
Name:	Bill Havre	itor acceptance)			
Office Address:	7901 4th St. N STE 300				
	St. Petersburg, FL				
	(City)	, Florida <u>33702</u> (Zip	code)		
Having been named as re designated in this applice to comply with the provis	egistered agent and to accept service ation, I hereby accept the appointmentions of all statutes relative to the property of my position as registered agent.	it as registered agent and agree to i	act in this capacity. I further ag		
Having been named as ro designated in this applica to comply with the provis	egistered agent and to accept service a ution, I hereby accept the appointmen vions of all statutes relative to the pro	it as registered agent and agree to i	act in this capacity. I further ag		
designated in this applice to comply with the provis and accept the obligation	egistered agent and to accept service a ution, I hereby accept the appointmen vions of all statutes relative to the pro	nt as registered agent and agree to a per and complete performance of numbers of the signature)	act in this capacity. I further ug ny duties, and I am familiar with		
Having been named as radesignated in this applicate comply with the provisand accept the obligation 8. The name, title or cap	egistered agent and to accept service attion, I hereby accept the appointmentations of all statutes relative to the properties of my position as registered agent. [Registered agent active and address of the person(s) who	nt as registered agent and agree to a per and complete performance of numerics signature) has/have authority to manage is/are	act in this capacity. I further ug ny duties, and I am familiar with		
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service attion, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent. Registered agent active and address of the person(s) who Name and Address: Glynn Wells PO.1261	nt as registered agent and agree to a per and complete performance of numerics signature) to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further ug ny duties, and I am familiar with		
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent. ARegistered agent acity and address of the person(s) who Name and Address: Glynn Wells	nt as registered agent and agree to a per and complete performance of numerics signature) to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further ug ny duties, and I am familiar with		
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service attion, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent. Registered agent active and address of the person(s) who Name and Address: Glynn Wells PO.1261	nt as registered agent and agree to a per and complete performance of numerics signature) to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further ug ny duties, and I am familiar with		
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service attion, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent. Registered agent active and address of the person(s) who Name and Address: Glynn Wells PO.1261	nt as registered agent and agree to a per and complete performance of numerics signature) to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further ug ny duties, and I am familiar with		
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service attion, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent. Registered agent active and address of the person(s) who Name and Address: Glynn Wells PO.1261	nt as registered agent and agree to a per and complete performance of numerics signature) to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further ug ny duties, and I am familiar with		
Having been named as rodesignated in this applicate to comply with the provisionand accept the obligation	egistered agent and to accept service attion, I hereby accept the appointmentions of all statutes relative to the proposition as registered agent. Registered agent Registered agent	nt as registered agent and agree to a per and complete performance of numbers of the signature)	act in this capacity. I furth ny duties, and I am familia		
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service attion, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent. ARegistered agent active and address of the person(s) who Name and Address: Glynn Wells PO 1261 Edgewater, FL	nt as registered agent and agree to a per and complete performance of numerics signature) to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further a ny duties, and I am familiar w 		
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Mgr (Use attachments if neces	egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the properties of my position as registered agent. ARegistered agent active and address of the person(s) who Name and Address: Glynn Wells PO 1261 Edgewater, FL	nt as registered agent and agree to a per and complete performance of numbers and complete performance	nct in this capacity. I further unity duties, and I am familiar with the second		
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: Mgr (Use attachments if necess.)	egistered agent and to accept service attion, I hereby accept the appointmentations of all statutes relative to the property of my position as registered agent. Registered agent agent agent active and address of the person(s) who Name and Address:	at as registered agent and agree to a per and complete performance of notion of the complete performance of notion is signature) The control of the control	e: Name and Address: having custody of records in the		
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: Mgr (Use attachments if necessignisdiction under the law of the translator must be seen applications.)	egistered agent and to accept service attion, I hereby accept the appointmentations of all statutes relative to the properties of my position as registered agent. Registered agent Registered agent	at as registered agent and agree to a per and complete performance of numbers and complete performance of numbers signature) The has/have authority to manage is/are Title or Capacity: Id, duly authenticated by the official icate is in a foreign language, a trans	ny duties, and I am familiar with a second s		
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: Mgr (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be second. This document is executed.	egistered agent and to accept service attion, I hereby accept the appointmentations of all statutes relative to the property of my position as registered agent. Registered agent agent agent active and address of the person(s) who Name and Address:	at as registered agent and agree to a per and complete performance of numerics signature) to has/have authority to manage is/are Title or Capacity: Ild, duly authenticated by the official icate is in a foreign language, a transpose of the complete performance of the performan	act in this capacity. I further ag ny duties, and I am familiar with e: Name and Address: I having custody of records in the station of the certificate under oa		
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: Mgr (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be second in the company of the translator must be second. This document is executed as a certificate provided in the translator must be second.	egistered agent and to accept service attion, I hereby accept the appointmentations of all statutes relative to the properties of my position as registered agent. Registered agent and address of the person(s) who Name and Address: Glynn Wells PO.1261 Edecwater, FL ssary) The of existence, no more than 90 days of of which it is organized. (If the certification accordance with section 605.0) The content of the certification accordance with section 605.0 are also accordance with section 605.0.	at as registered agent and agree to a per and complete performance of numerics signature) to has/have authority to manage is/are Title or Capacity: Ild, duly authenticated by the official icate is in a foreign language, a transpose of the complete performance of the performan	act in this capacity. I further us my duties, and I am familiar with the second		

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

LNG HOLDINGS, LLC 4571592

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on January 9, 2012, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: January 9, 2019

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Joulouse Oliver
Secretary of State

