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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

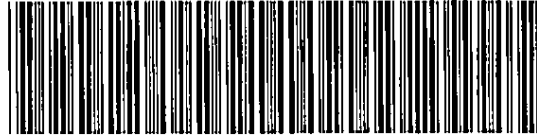
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N CULLIGAN

JAN 23 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHELBY HOLDINGS, 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:

DOYLE MILLER

Name of Person

DOYLE MILLER, CERTIFIED PUBLIC ACCOUNTANT

Firm/Company

1306 WOLVERTON DRIVE

Address

FRANKLIN, TN 37067

City/State and Zip Code

DMILLER@DOYLEMILLERCPA.COM

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

For further information concerning this matter, please call:

DOYLE MILLER

615 351-2783
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2018

DOYLE MILLER, CPA
1306 WOLVERTON DRIVE
FRANKLIN, TN 37067

SUBJECT: SHELBY HOLDINGS OF TENNESSEE, LLC
Ref. Number: W18000103734

We have received your document for SHELBY HOLDINGS OF TENNESSEE, LLC and your check(s) totaling \$130.00. 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: 118A00024444

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. SHELBY HOLDINGS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
SHELBY HOLDINGS OF TENNESSEE, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. TENNESSEE 3. 27-4979510
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. Estimation First of 2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 6800 POPLAR AVE. STE 130 6. _____
(Street Address of Principal Office) (Mailing Address)
GERMANTOWN, TN 38138

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

Name: DEANA E LEYVA

Office Address: 53 CYPRESS BLVD
HOMOSASSA, Florida 34446
(City) (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.

Deana E Leyva
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>Ewell D. Miller</u> <u>6800 Poplar, 130</u> <u>Germantown TN</u>	_____	_____
<u>CFO</u>	<u>DOYLE MILLER</u> <u>1306 WOLVERTON</u> <u>FRANKLIN TN</u>	_____	_____

(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.

Doyle Miller CFO
Signature of an authorized person

DOYLE MILLER

Typed or printed name of signer

FILED
19 JAN 23 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

DOYLE MILLER
1306 WOLVERTON DR
FRANKLIN, TN 37067

December 10, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0298763

Issuance Date: 12/10/2018
Copies Requested: 1

Document Receipt

Receipt #: 004406744

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3745672714

\$20.00

Regarding: SHELBY HOLDINGS, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 01/07/2011

Status: Active

Duration Term: Perpetual

Business County: SHELBY COUNTY

Control #: 648154

Date Formed: 01/07/2011

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

SHELBY HOLDINGS, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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