M 1900				
(Requestor's Name) (Address) (Address)	800323892588			
(City/State/Zip/Phone #)	01/30/1301003018 **125.00			
(Document Number) Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	THE ED 19 JAN 30 PH 3: 12 SECRETARY OF STATE FALLAHASSI E. FLORED			
Office Use Only				

Msellers

#### ... GOVER LETTER

TO:	Registration Section		
	Division of Corporations		

White Fox Wedding Photography LLC

SUBJECT:

.

Name of Limited Liability Company

H

.

,

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:

Nicole Bruce

Name of Person

White Fox Wedding Photography LLC

Firm/Company

79 Elk Dr

Address

Cookeville, TN 38506

City/State and Zip Code

info@whitefoxweddingphotography.com

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

For further information concerning this matter, please call:

Nicole Bruce		863 514-0639 at ()		
Name of	Contact Person	Area Code	Dayti	ime Telephone Number
MAILING ADDRESS:			<u>STREET</u>	ADDRESS:
Division of Corporations			Division o	f Corporations
Registration Section			Registratio	n Section
P.O. Box 6327			Clifton Bu	ilding
Tallahassee, FL 32314			2661 Exec	utive Center Circle
			Tallahasse	e, FL 32301
Enclosed is a check for the following	ig amount:	•	•	•
🖹 \$125.00 Filing Fce	\$130.00 Filing Fee & Certificate of Status	Certified Copy	g Fee &	□ \$160.00 Filing Fee, Certificate 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:

### 1 White Fox Wedding Photography LLC

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The a	itemate name must include "Limited Liability Company," "LLC," or "LLC.")		
7 Tennessee, Putnam County		3.	82-3943977		
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)		
1/14/2019					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ				
79 Elk Dr		6.	79 Elk Dr (Mailing Address)		
(Street Address of Principal Office)		-;	(Mailing Address)		
Cookeville, TN 38506			Cookeville, TN 38506		
(online only - no brick/	mortar)				
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	acceptable)		
N	Legalinc Corporate Services Inc.				
Name:		· · · -			
Office Address:	5237 Summerlin Commons Suite 400				
Onice Address.					
Office Address.			 Multicle 33907		
	Fort Myers (City)		, Florida <u>33907</u> (Zip code)		
egistered agent's accep aving been named as re signated in this applica comply with the provisi	Fort Myers (City) tance: gistered agent and to accept service of tion, I hereby accept the appointment (	as regist r and co	for the above stated limited liability company at the plac ercd agent and agree to act in this capacity. I further ag mplete performance of my duties, and I am familiar wit.		
egistered agent's accep aving been named as re signated in this applica comply with the provisi d accept the obligation.	Fort Myers (City) tance: egistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the proper s of my position as registered agent. Dama Care Man (Registered agent)	as regist r and co <u>acpCW</u> s signature)	for the above stated limited liability company at the place ered agent and agree to act in this capacity. I further ag mplete performance of my duties, and I am familiar wit		
egistered agent's accep aving been named as re signated in this applica comply with the provisi d accept the obligation.	Fort Myers (City) tance: rgistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the prope- s of my position as registered agent.	as regist r and co <u>acpCV</u> s signature) as/have	for the above stated limited liability company at the play ered agent and agree to act in this capacity. I further ag mplete performance of my duties, and I am familiar wit		
egistered agent's accept aving been named as re- signated in this application comply with the provision d accept the obligation. The name, title or capa	Fort Myers (City) tance: registered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the proper- s of my position as registered agent. Dama Care Man ( (Refinered agent's acity and address of the person(s) who h	as regist r and co <u>acpCV</u> s signature) as/have	for the above stated limited liability company at the place ered agent and agree to act in this capacity. I further ag mplete performance of my duties, and I am familiar wit		
gistered agent's acception of the second agent's acception of the second agent of the second agent of the second accept the obligation. The name, title or capacity:	Fort Myers (City) tance: registered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the proper- s of my position as registered agent. DUMM (Org. Man ( (Refinered agent's acity and address of the person(s) who he <u>Name and Address:</u>	as regist r and co <u>acpCV</u> s signature) as/have	for the above stated limited liability company at the place ered agent and agree to act in this capacity. I further ag mplete performance of my duties, and I am familiar wit		
egistered agent's accept wing been named as re- signated in this application comply with the provise d accept the obligation. The name, title or capa <u>Title or Capacity:</u>	Fort Myers (City) tance: registered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the proper- s of my position as registered agent. DUMA COVE MGN ( (Registered agent's acity and address of the person(s) who h <u>Name and Address:</u> Legalinc Corp	as regist r and co <u>acpCV</u> s signature) as/have	for the above stated limited liability company at the play ered agent and agree to act in this capacity. I further ag mplete performance of my duties, and I am familiar wit		
gistered agent's acception of the second sec	Fort Myers (City) (City) trance: registered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the prope. s of my position as registered agent. DUMM (Org. Man (Registered agent) acity and address of the person(s) who h <u>Name and Address:</u> Legalinc Corp 5237 Summerlin Commons St 400	as regist r and co <u>acpCV</u> s signature) as/have	for the above stated limited liability company at the play ered agent and agree to act in this capacity. I further ag mplete performance of my duties, and I am familiar wit		
egistered agent's accep aving been named as re signated in this applica comply with the provisi ad accept the obligation. The name, title or capa <u>Title or Capacity:</u>	Fort Myers (City) tance: registered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the proper- s of my position as registered agent. DUMA COVE MGN ( (Registered agent's acity and address of the person(s) who h <u>Name and Address:</u> Legaline Corp 5237 Summerlin	as regist r and co <u>acpCV</u> s signature) as/have	for the above stated limited liability company at the play ered agent and agree to act in this capacity. I further ag mplete performance of my duties, and I am familiar wit		

(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.

we Signature of an authorized person

Nicole Bruce

Typed or printed name of signee

Tre Hargett Secretary of Sta		State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102				
NICOLE BRUCE		January 8, 2019				
79 ELK DR						
COOKEVILLE, TN	1 38506-5525					
Request Type: Certificate of Existence/Authorization		Issuance Date:	Issuance Date: 01/08/2019			
Request #: 0301615		Copies Request	Copies Requested: 1			
	Document Receip	ot				
Receipt # : 004445634		Filing	Filing Fee:			
Payment-Check/N	10 - NICOLE BRUCE, COOKEVILLE. TN			\$20.00		
Regarding:	White Fox Wedding Photography LLC					
Filing Type:	Limited Liability Company - Domestic	Control # :	940414			
Formation/Qualification Date: 01/09/2018		Date Formed:	Date Formed: 01/09/2018			
Status:	Active	Formation Locale:	Formation Locale: TENNESSEE			
Duration Term:	Perpetual	Inactive Date:				
Business County:	PUTNAM COUNTY					

## 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

## White Fox Wedding Photography 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: Rebecca Neally

Verification #: 031324629



# Division of Business Services **Department of State**