

M19000003059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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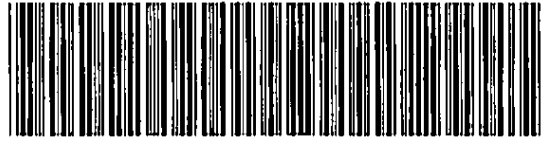
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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U.S. DEPARTMENT OF STATE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

BRUCE
MAR 28 2019

2
COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Synamack Land Development Company 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:

Anita R Hayden

Name of Person

Synamack Land Development Company LLC

Firm/Company

5720 NW Topeka Blvd. #25

Address

Topeka, Kansas 66617

City/State and Zip Code

synamack.1stopshop@gmail.com

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

For further information concerning this matter, please call:

Anita R Hayden

785 230-1510
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2019 MAR 14 AM 9:41

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**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. Synamack Land Development Company LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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. State of Kansas (Shawnee County) 3. 82-1160003
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 443 W 18th Street 6. 443 W 18th Street
(Street Address of Principal Office) (Mailing Address)
Jacksonville, FL 32206 Jacksonville, FL 32206

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

Name: Anita R Hayden
Office Address: 443 W 18th Street
Jacksonville 32206
(City) , Florida (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.

Anita R Hayden
(Registered agent's signature)

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2019 MAR 14 AM 9:41
SOUTHERN REGIONAL
REGISTERED AGENT

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Terry L Booker

☐ Member Address: 5720 NW Topeka Blvd. #25

☐ Authorized Topeka, KS 66617

Person _____

☒ Other Owner ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Anita R Hayden

☐ Member Address: 5720 NW Topeka Blvd. #25

☐ Authorized Topeka, KS 66617

Person _____

☒ Other CEO ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Anita R Hayden
Signature of an authorized person

Anita R Hayden

Typed or printed name of signer

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business Entity ID Number: 8624389

Entity Name: SYNAMACK LAND DEVELOPMENT COMPANY LLC

Entity Type: KANSAS LIMITED LIABILITY COMPANY

State of Organization: KANSAS

Resident Agent: UNITED STATES CORPORATION AGENTS, INC.

Registered Office: 2000 EAST 13TH, HAYS, KS, 67601

was filed in this office April 3, 2017,
and is in good standing,
having fully complied with all requirements of this office.

No information is available from this office regarding the
financial condition, business activity or practices of this entity.



In testimony whereof:
I execute this certificate
and affix the seal of the
Secretary of State of the state of Kansas
on this day of February 8, 2019.

Scott Schwab

SCOTT SCHWAB
KANSAS SECRETARY OF STATE