

MI9000003S27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

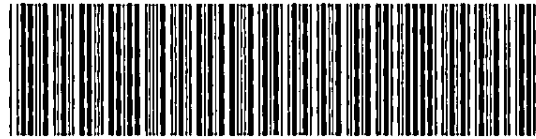
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/25/19--01028--015 \*\*160.00

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2019 APR -5 P 11:00

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4/8/19 QS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2019

SARAH L THOMPSON  
315 KERN ST  
THOMASVILLE, GA 31792

SUBJECT: THE AVENUES REAL ESTATE PARTNERS, LLC  
Ref. Number: W19000023671

We have received your document for THE AVENUES REAL ESTATE PARTNERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 719A00005633

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2019 APR 5 P 11:00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Avenues Real Estate Partners 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:

Sarah L. Thompson  
Name of Person

The Avenues Real Estate Partners  
Firm/Company

315 Kern Street  
Address

Thomasville, GA. 31792  
City/State and Zip Code

Sarah@avenuesrep.com  
E-mail address: (to be used for future annual report notification)

2019 APR -5 P 11:00  
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

Sarah Thompson at ( 229 ) 403-0745  
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

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. The Avenues Real Estate Partners LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Thomasville, Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1652191 (EIN)  
(FEI number, if applicable)

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

5. 3303 Sharer Road  
(Street Address of Principal Office)

6. 315 Kern Street  
(Mailing Address)

Tallahassee, FL 32312

Thomasville, GA.  
31792

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

Name: Sarah L. Thompson

Office Address: 3303 Sharer Rd.

Tallahassee Florida 32312  
(City) (State) (Zip code)

FILED  
2019 APR -5 PM 11:00  
TALLAHASSEE, FL

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.

Sarah L. Thompson  
(Registered agent's signature)

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: Sarah Thompson

☐ Member Address: 121 Kenley Ln.

☒ Authorized Thomasville, GA

Person 31792

☐ Other ☐ Other

☐ Manager Name: Stacey Herrin

☒ Member Address: 113 Harrogate Ln.

☐ Authorized Thomasville, GA.

Person 31792

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

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

☐ Manager Name: Shane Herrin

☒ Member Address: 113 Harrogate Ln.

☒ Authorized Thomasville, GA: 31792

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: Scottie Thompson

☒ Member Address: 121 Kenley Ln.

☐ Authorized Thomasville, GA.

Person 31792

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

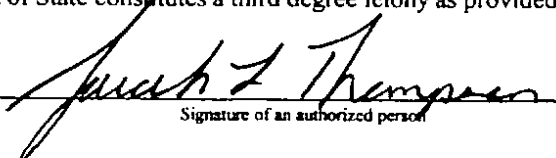
☐ Other ☐ Other

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2019 APR -5 PM 11:00  
CLERK OF COURT  
JULIA M. BROWN

**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.

  
Signature of an authorized person

Sarah L. Thompson  
Typed or printed name of signee

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### THE AVENUES REAL ESTATE PARTNERS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16894927  
Date Inc/Auth/Filed: 06/12/2018  
Jurisdiction : Georgia  
Print Date : 03/19/2019  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State