# M19000004413

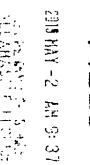
| (Requestor's Name)                      |
|---|
| (ivequestor's ivame)                    |
| (Address)                               |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| , , , , , , , , , , , , , , , , , , ,   |
|   |
| W190000 40500                           |
| VV. 700 = 1-                            |
| - all-7                                 |
| 001647<br>No les                        |
| 1/11 (43)                               |

Office Use Only



100327958731

Ũ4/18/19--01809--621 \*\*130.80



ZBROWN MAY 0 2 2019

}



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2019

KEVIN SANCHEZ 3253 OLD CLYATTVILLE RD VALDOSTA, GA 31601 US

SUBJECT: SOUTHERN PROGRESSIVE MARKETING, LLC

Ref. Number: W19000040500

We have received your document for SOUTHERN PROGRESSIVE MARKETING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Zakiya M Brown Regulatory Specialist II

Letter Number: 419A00008330

#### **COVER LETTER**

TO: Registration Section

| Division of Corporations   |
|--|
| SUBJECT: SOUTHEN Progressive Massering, 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:  |
| Kevin Sanchez Name of Person   |
| Name of Person   |
| SOUTHERN Progressive Marketing, LLC. Firm/Company  |
| 3253 Old C(Yattville Rd. Address   |
| UALDOST9, 69.3/60/<br>City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Name of Contact Person Area Code Daytime Telephone Number  |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301   |
| Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE   |
| \$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy of Status & Certified Copy  |

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|   | TION 605,0902, FLORIDA STATU<br>ISINESS IN THE STATE OF FLOR |                                      | S SUBMITTED TO REGISTER A                | FOREIGN LIMITED LI              | 'ABILTIY   |
|---|--|--------------------------------------|--|---------------------------------|------------|
| 1. South<br>(Name of Foreign            | es Pogsessi<br>Limited Liability Company; must in            | Mas/5e7                              | Ting LLC                                 |                                 |            |
|   |  |                                      | ,  |                                 |            |
| (It'name unavailable, enter alternate n | ame adopted for the purpose of trænsacting                   | business in Florida. The atternat    | e name must include "Limited Liability ( | Company," "L.L.C," or "L.L.C.") | }          |
| 2. Geos 6                               | ig   | 3. Fe                                | ed-Id # 20-5                             | 280880                          |            |
| (Jurisdiction under the law of wh       | ich foreign limited liability company is on                  |                                      | ONTSOL # 065 7                           | • •                             |            |
|   | 114  | ( )                                  | 1000 H 000 1                             | , p J.J                         |            |
| 4                                       | (Date first transacted business in Flo                       | rida, if prior to registration.)     |  | _                               |            |
|   | (See sections 605,0904 & 605,0905,                           | . If.S. to determine penalty habilit | у)                                       |                                 |            |
| 5. <u>3253 oca</u>                      | C(Yatt()i(le 1   | Rd . 6                               | Same<br>(Mailing Address)                |                                 |            |
| (Sueer Address of F                     | чисция Описе)  |                                      | (Mailing Address)                        |                                 |            |
| VALdOSTO                                | 4 6A.31601   |                                      |  |                                 |            |
|   | ,  |                                      |  |                                 |            |
|   |  | <del></del>                          |  | 2 Ca (2)                        |            |
| 7. No                                   | en e                     | (B.O. B. 110)                        |  |                                 | <b>T</b> ) |
| /. Name and street addres               | s of Florida registered agent:                               | (P.O. Box NOT accept                 | otable)                                  |                                 |            |
|   | 0  | _                                    |  |                                 | -          |
| Name:                                   | Buby Sa  | whe2                                 |  |                                 |            |
| ~ · · · ·                               | 13659 120  | < 74 DJ                              |  | H 9: 32                         |            |
| Office Address:                         | 1001 10  | ) Ka:                                |  | :: C:                           |            |
|   | Live OAK   |                                      | Florida 32060                            |                                 |            |
|   | (C)  | ity)                                 | (Zip code)                               | _                               |            |
| Registered agent's accept               | ance:  |                                      |  |                                 |            |

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.

Registred 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: Title or Capacity: Name and Address: Manager Member Member Address: Authorized ☐ Authorized Person Person Other Other\_\_\_\_ Other Other\_\_\_ Manager Name: ☐ Manager Member Address: ☐ Member Address: \_\_\_\_ Authorized Authorized Person Person Other Other\_\_\_\_ \_\_Other\_ Other\_\_\_\_ Manager Name: \_\_\_\_\_ Manager Member Address: Member Authorized Authorized Person Person Other Other\_\_\_\_ Other\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Control Number: 0657633

# 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

## SOUTHERN PROGRESSIVE MARKETING, 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 : 17173936 Date Inc/Auth/Filed: 07/19/2006 Jurisdiction : Georgia Print Date : 04/30/2019

Form Number : 211



Brad Raffensperger