

M190000004694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

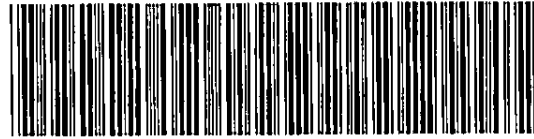
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/28/19--01019--015 **125.00

FILED

MAY 14 2019

0312

D SCOTT

MAY 15 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2019

JIMMY SCHAFER
PO BOX 15459
HATTIESBURG, MS 39404

SUBJECT: SOUTHEASTERN APARTMENTS LLC
Ref. Number: W19000011057

2019 FEB 14 PM 2:37

We have received your document for SOUTHEASTERN APARTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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. (6936)

Dionne M Scott
Regulatory Specialist II

Letter Number: 719A00003447

2019 FEB 14 PM 2:37

FL - SHIELA - SPOKE TO ON 5/3/2019 - SHE SAID THAT SEND LETTER OF GOOD STANDING -
MS - SPOKE TO NATICA 5/7/19 - SHE SAID THAT PHOTOGRAPH/RE THAT IS
PROCEED -
FL - 5/8/19 - LEFT MESSAGE FOR DWAN EXPLAINING -

RECEIVED

MAY 14 2019

www.sunbiz.org

Division of Corporations, P.O. BOX 6227, Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southeastern Apartments 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:

Jimmy Schafer & Courtney Brick

Name of Person

Southeastern Apartments LLC DBA Deluna Mobile Home Park

Firm/Company

P.O. Box 15459

Address

Hattiesburg, MS 39404

City/State and Zip Code

sebookkeeper2@hotmail.com

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

For further information concerning this matter, please call:

Courtney Brick

352

455-3295

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
DIVISION OF CORPORATIONS
APR 11 2002

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. Southeastern Apartments 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. Mississippi

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-0698200

(FEI number, if applicable)

4. 1/1/2019

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

5. Southeastern Apartments LLC

(Street Address of Principal Office)

4632 Sunset Pointe

Destin, FL 32541

6. Southeastern Apartments LLC

(Mailing Address)

P.O. Box 15459

Hattiesburg, MS 39404

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

Name: Jimmy Schafer

Office Address: 4632 Sunset Pointe

Destin 32541

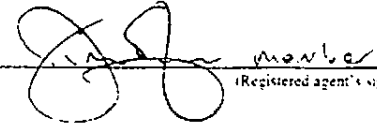
(City)

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.


(Registered agent's signature)

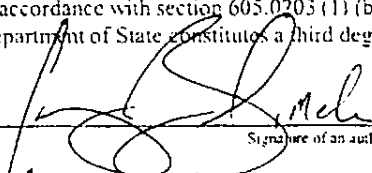
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Jimmy Schafer	<input type="checkbox"/> Manager	Name: Courtney Brick
<input checked="" type="checkbox"/> Member	Address: 4632 Sunset Pointe	<input checked="" type="checkbox"/> Member	Address: 187 Balboa
<input type="checkbox"/> Authorized	Destin, FL 32541	<input type="checkbox"/> Authorized	Hattiesburg, MS 39402
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.



 Signature of an authorized person



 Typed or printed name of signer



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

SOUTHEASTERN APARTMENTS LLC

Registered the 30th day of August, 2012

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

17 Montclair
Hattiesburg, MS 39402

And that the registered agent at that address is:

Brick, Courtney

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 7th day of May, 2019

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19066493

Verify this certificate online at <http://corp.sos.ms.gov/corpeonv/verifycertificate.aspx>