

M19000005814

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(Address)

(City/State/Zip/Phone #)

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JUL 14 2019
19 JUN 14 PM 12:32

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JUN 14 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2019

JOHN S. MEDLEY
3552 FOREST PARK RD
SPRINGFIELD, TN 37172

SUBJECT: RELIEF PROPERTIES LLC
Ref. Number: W19000054014

RECEIVED
19 JUN 14 PM 1:19
Filing Office

We have received your document for RELIEF PROPERTIES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$160.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 019A00011263

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Relief Properties 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:

John S. Medley
Name of Person

Relief Properties LLC.
Firm/Company

3552 Forest Park Rd
Address

Springfield TN 37172
City/State and Zip Code

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

For further information concerning this matter, please call:

John S. Medley at (615) 405 7408
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

2019 JUN 13 10:17

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. Relief Properties 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. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. No business transacted as of this date 5/31/19
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3552 Forest Park Rd
(Street Address of Principal Office)

6. 3552 Forest Park Rd
(Mailing Address)

Springfield TN

Springfield TN

37172

37172

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

Name: John S. Medley

Office Address: 2144 Taylor Rd

Punta Gorda, Florida 33950
(City) (Zip code)

2019 JUN 14 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

John S. Medley
(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 checked="" type="checkbox"/> Manager	Name: <u>John S. Medley</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>3552 Forest Park Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Springfield TN 37172</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Lorene Medley</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3552 Forest Park Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Springfield TN 37172</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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SECRETARY OF STATE
TAMM HALL
TALLAHASSEE, FLORIDA

<input type="checkbox"/> Manager	Name: <u>Nick Baird</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2144 Taylor Rd</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Punta Gorda, FL</u>	<input type="checkbox"/> Authorized	_____
Person	<u>33950</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

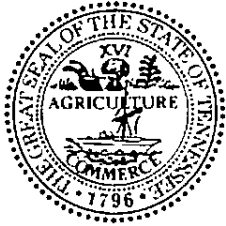
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

John S. Medley, John S. Medley
Signature of an authorized person

John S. medley
Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

JOHN S MEDLEY
3552 FOREST PARK RD
SPRINGFIELD, TN 37172-5711

June 12, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0319479

Issuance Date: 06/12/2019
Copies Requested: 1

Document Receipt

Receipt #: 004862557 Filing Fee: \$20.00
Payment-Check/MO - RELIEF PROPERTIES LLC, SPRINGFIELD, TN \$20.00

Regarding: Relief Properties LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 09/07/2011
Status: Active
Duration Term: Perpetual
Business County: ROBERTSON COUNTY

Control #: 667049
Date Formed: 09/07/2011
Formation Locale: TENNESSEE
Inactive Date:

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

Relief Properties 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: Cassandra Bowman

Verification #: 033724024