(Requestor's Name)	
(Address)	700330690337
(Address)	/ 000000001
(City/State/Zip/Phone #)	
(Business Entity Name)	ALL 19
(Document Number)	
ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	IALE BRIDA
	Division 19
	19 JUN 18 PH 4: \$ ISTON OF OTHER ALL ALL AND SSEE FLORIDA
Office Use Only	

	ACCESS, INC.	236 East 6th Avenue. Tallahassee, Florida 32303
	P.O. Box 37066	(32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
		WALK IN
		101010
	PIC	IK UP: $\bigcup \delta \Im$
	CERTIFIED COPY	
	рнотосору	
ļ	CUS	
ĺ	FILING	<u>Foreign</u> <u>Properties</u> , LLC
	CHERS Pace	Properties, LLC
	(CORPORATE NAME AND DOCU	JMENT #)
	(CORPORATE NAME AND DOCU	JMEN 1 #)
	(CORPORATE NAME AND DOCU	IMENT #
	(CORPORATE NAME AND DOCU	JMENT #)
	(CORPORATE NAME AND DOCU	JMENT #)
-	(CORPORATE NAME AND DOCU	JMENT #)
. .	RICTRICTIONS	
11	L INSTRUCTIONS:	

COVER	LETTER
-------	--------

۰., ۰._..

TO:		ation Section n of Corporation	15				
SUBJE		IERS Pace Prope					
00001	SUBJECT:						
The en- Exister	closed "A ice, and cl	pplication by For heck are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizat need foreign limit	tion to Tra ed liability	nsact Business in Florida," Cert company to transact business in	ificate of n Florida.
Please	return all	correspondence o	concerning this matter to the	following:			
		Nicole Lopez					
		·	Na	ime of Person			
	Registered Agent Solutions, Inc.						
	Firm/Company						
	1701 Directors Blvd., Suite 300						
Address							
	Austin, TX 78744 City/State and Zip Code						
		nlopez@rasi.com					
			E-mail address: (to be used	i for future annual	report not	ification)	
For fur	ther infor	mation concernin	g this matter, please call:				
	Nicole Lopez		888 at (705-72	74		
		Name o	of Contact Person	Area Code	Day	rime 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					
Enclos		eck for the follow 5.00 Filing Fee	ring amount: I \$130.00 Filing Fee & Certificate of Status	Certified Copy	ig Fee &	□ \$160.00 Filing Fee, Certifi of Status & Certified Copy	cale

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 CHERS Pace Properties, LLC

(Name of Foreign	Limited Liability Company; must include "Limit	ted Liability Company," "L.L.C.," or "L.L.C.")		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	lorida. The alternate name must include "Limited Lial	bility Company, ""L.L.C," or "LI.C ")	
2. Mississippi (Jurisdiction under the law of w	hich foreign invited liability company is organized)	3. <u>84 - 187 48</u> (PEL rum	64	
4. 04/25/2019				
	(Date first fransacted business in Florida, if prior in (See sections 605 0904 & 605.0905, F.S. to determ	o regulation.) nine penany liability)		
5. 100 TITU (Siree Address of	S BLVd	6. 100 1 these	Blvd	
Hattushu	1402 ms 39402	Hattus bur	ams	
	J		39402	
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	19 FALL	
Name:	Registered Agent Solutions, Inc.			
Office Address:	155 Office Plaza Dr., Suite A			
	Tallahassee	, Florida <u>32301</u>	H B F	
designated in this applica to comply with the provisi and accept the obligation:	gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent. (Registered agent's (Registered agent's	as registered agent and agree to act r and complete performance of my a Adam Saldana, Assistant Secre	in this cap enty. I fa ther agree luties, and I am familiar with	
Title or Capacity:	icity and address of the person(s) who h. <u>Name and Address:</u>	as/have authority to manage is/are: Title or Capacity:	Name and Address:	
Manager	John W. Adcock	Manager	Charles Ron Savell	
	20 Bellegrass Blvd. Hatiesburg, MS 39402		, 100 Thus Blod Hattiesburg, MS 39402	
(Use attachments if necess	sary)			
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, of which it is organized. (If the certificat ibmitted)	duly authenticated by the official hat te is in a foreign language, a translati	ving custody of records in the on of the certificate under oath	
10. This document is exect submitted in a document to	ited in accordance with section 605.020. The Department of State constitutions at the	3 (1) (b). Florida Statutos Lom ayara	that any false information \$17.155, F.S.	

Signature of an authorized person Roa Save (Typed or primed of signee



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:

CHERS PACE PROPERTIES, LLC

Registered the 25th day of April, 2019

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:

100 TITUS BLVD Hattiesburg, MS 39402

And that the registered agent at that address is:

Charles Ron Savell

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 18th day of June, 2019

Josemann, 11.

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN19068038 Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx