# M19000007630

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PICK-UP WAIT	MAIL
(Business Entity Na	ame)
(Document Numbe	r)
Certified Copies Certificate	es of Status
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# **COVER LETTER**

TO:		sistration Section ision of Corporations				
CHD H	cet.	Secure Property Management, LLC				
Name of Limited Liability Company					-	
The en Exister	closed nce, ar	1 "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authoriza referenced foreign limit	tion to Transact Business in Florida, ed liability company to transact busi	" Certifica iness in Flo	te of orida.
Please	return	all correspondence concerning this matter t	o the following:			
		Jennifer Cook			•	
			Name of Person		_	
Secure Property Management, LLC						
	Firm/Company				_	
1517 Hunt Club Blvd Suite 200						
	Address				_	
Gallatin, TN 37066						
		City/State and Zip Code			_	
		jenne@reliantreaity.com				
	E-mail address: (to be used for future annual report notification)				919	
For fu	rther i	nformation concerning this matter, please ca	II:		2019 JUL (	
	Jer	nifer Cook	615 at (	289-1654	3- 7	"" ""
		Name of Contact Person	Area Code	Daytime Telephone Number	표	
	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	PH 4:21	
	Enc Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEI \$125.00 Filing Fee  \$130.00 Filing Certificate	Fee & <b>□</b> \$155.00	Filing Fee & S160.00 Filing of Status & Co		

# 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: Secure Property Management, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Secure Florida Rentals, 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.E.C." or "ELC.") TN (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 08/01/19 (Date first transacted husiness in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1517 Hunt Club Blvd Suite 200 11973 Southern Blvd (Mailing Address) (Street Address of Principal Office) Gallatin, TN 37066 Royal Palm Beach, FL 33411 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Melissa Arno Name: 11973 Southern Blvd Office Address: Royal Palm Beach 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.

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: Casey Brown Manager Manager Name: 1517 Hunt Club Blvd Member Member Address: Suite 200 Authorized Authorized Gallatin, TN 37066 Person Person Other\_ Other Other\_ Other\_\_\_\_ Jennifer Cook Manager ■ Manager Name: 1517 Hunt Club Blvd ■ Member ☐ Member Address: Suite 200 Authorized Authorized Gallatin, TN 37066 Person Person Other\_\_\_\_ Other Other\_ Other Manager Manager Member Member Address: 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. 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 Casey Brown Typed or printed name of signee



# **Division of Business Services Department of State**

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

# JENNIFER PIERCE COOK

JENNIFER PIERCE COOK SUITE 200 1517 HUNT CLUB BLVD GALLATIN, TN 37066

Request Type: Certificate of Existence/Authorization

Request #:

0322723

Issuance Date: 07/12/2019

Copies Requested:

**Document Receipt** 

Receipt #: 004917582

Filing Fee:

\$20.00

July 12, 2019

Payment-Credit Card - State Payment Center - CC #: 3761851282

\$20.00

Regarding:

Secure Property Management, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 04/24/2017

Status: Duration Term: Active Perpetual

Business County: SUMNER COUNTY

Control #:

900347

Date Formed:

04/24/2017

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

## Secure Property Management, 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.

Secretary of State

Verification #: 034154934 Processed By: Cert Web User