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Z BROWN AUG 1 2 2019

Brown, Zakiya M.

From: Sent:

Subject:

To:

BUS. FIR

Trey Sundmaker <trey@sundmakerfirm.com>

Sunday, August 11, 2019 9:59 AM

Brown, Zakiya M.

Sundmaker Investment Properties AR-M317_20190811_090541.pdf

Attachments:

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Dear Ms. Brown:

This is in response to your letter of July 11, 2019 number 119A00014037. I think this is the document you need. Please let me know if you need anything else to complete the filing.

Earl (Trey) F. Sundmaker, III Licensed in Louisiana and Texas

Direct: 504.568.0515 Fax: 504.568.0519

trey@sundmakerfirm.com

Serving our clients throughout Louisiana, Texas & Mississippi

1027 NINTH STREET | NEW ORLEANS, LOUISIANA 70115 | https://urldefense.proofpoint.com/v2/url?u=http-3A__WWW.SUNDMAKERFIRM.COM&d=DwIFAw&c=JDr0t6f77aOFP4neilo99w&r=vhIROZJABUyukZJTCaAtociHEmFAeJAtzLVu4byWEi0&m=HMwOSO7C1Js5Z5PEoMuMYsRcOnplMlb8kB69oTmQU1c&s=Y4C07qRbVhoFWeuX9eYeJoanq4eZFypObjmMOc4Qs-g&e=

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----Original Message-----

From: donotreply@conotreply.com [mailto:donotreply@conotreply.com]

Sent: Sunday, August 11, 2019 9:06 AM

To: Trey Sundmaker <trey@sundmakerfirm.com> Subject: Scanned image from Sundmaker Firm

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	SUNDMAKER INVESTMENT PROPERTIES, LLC
	Name of Limited Liability Company
	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of discherk 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:
	EARL F. SUNDMAKER, TIL Name of Person
	SUNDMAKER TAVESTMENT PROPERTIES, LCC Firm/Company
	1027 PINTH STREET Address
	NEW DRLEANS LA 70/15 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
-6	Sundmaker, TF at (504) 343-6747 Name of Contact Person Area Code Daytime Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations Division of Corporations stration Section Box 6327 Box 6327 Clifton Building ahassee, FL 32314 Clifton Building Clifton Bui
	osed is a check for the following amount: se make check payable to: FLORIDA DEPARTMENT OF STATE
\(\sigma \)	S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. SUNDMAKEL TAVESTMENT FROPERTIES, LLC
(Name of Foreign Limited Liability Company, "MLLC.") DREAM Come TRUE LLC 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.") (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-3677972 (FEI number, if applicable) 6. 1027 Sinth St.
(Mailing Address)

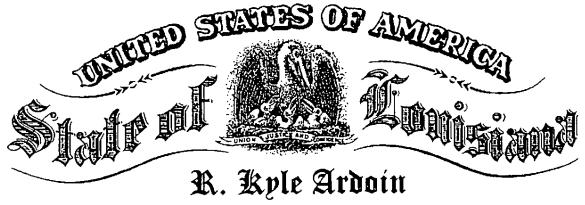
New Orleans A 70/15 5. 8579 Le Is/a
(Street Address of Principal Office) Kissimmer, FL 34747 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Staci Sundmaker Name: Office Address: _ Registered agent's acceptance: Having been named as registered agent and to accept service 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Staci Sundmaker Name: EARL F. Sundanker I Manager Manager Manager Address: 8579 La Is/a Address: 1027 Minth St. **⊠**Member ☐ Member New Dr Lewis LA 70115 Kissinner FL 34747 Authorized Authorized Person Person Other___ Other____ Other__ Other__ Manager Name: Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other____ Other Other_ Manager Manager | Name: Member Address: 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



SECRETARY OF STATE

As Secretary of State of the State of Louisiana. I do hereby Certify that

SUNDMAKER INVESTMENT PROPERTIES, LLC

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on March 10, 2015,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 24, 2019

R 12fe No. Secretary of State

Web 41811820K



Certificate ID: 11100880#Q8Q83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov