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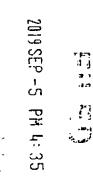
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August 22, 2019

JOHN PARRY PO BOX 719 JUPITER, FL 33468

SUBJECT: GREAT SOUTHERN PACIFIC HOLDINGS, LLC

Ref. Number: W19000077841

We have received your document for GREAT SOUTHERN PACIFIC HOLDINGS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 019A00017358

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SEP - 5 2019

COVER LETTER

TO: Registration Section

.

Division of Corporations
SUBJECT: Great Southern Pacific Holdings, 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 Parry Name of Person
Great Southern Pacific Holdings, LLC
POBOX 719 Address
Jupiter, FL 33468 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessie Parry at (561), 746-8110 eat. 22 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

Corporation Service Company Corp		Southern Pacific Stimmed Liability Company must include "Limited Liab		<u> </u>	
1425 Park Ln 5. 1 Street Address of Process of Florida registered agent: (P.O. Box NOT acceptable) Tapter, fr 33458 Tapter, fr 33468 Street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Tallahassee Tallahassee Florida Tallahassee Florida Tallahassee	Le Milavariable enter aliemate Delaw Jungdichen tauker (se law Tw	•	,		* er "LEC **)
Jupiter, fu 33458 Jupiter, fu 33458 Jupiter, fu 33468 Jupiter, fu 33468 Jupiter, fu 33468 Jupiter, fu 33468 Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Italiahassee		(Date first transacted business w) Florida, if prior to registra (See sections 605 0904 & 605 0905 F.S. to determine perior	tion (-	
Tallahassee Tallahassee Tallahassee Tallahassee Tallahassee Tallahassee To poocess for the above stated limited liability company at the plantated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a mply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties are provided to the proper and complete perform	1425 Par	Frincipal Uffice:	6. PO BOX 7	19	
Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Tallahassee (Ctop) (Ctop) (Ctop) (Ctop) (Ctop) Tallahassee (Ctop)	Jupita	er, fc 33456	Jupiter, F	<u> </u>	468
Name: 1201 Hays Street Composition Co		·			
Tallahassee Talla	ame and street addre	ss of Florida registered agent: (P.O. Box NO	Lacceptable)		
stered agent's acceptance: Stered agent's acceptance: The stered agent agent and to accept service of process for the above stated limited liability company at the planated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a simply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes.			Lacceptable)		2019 Si
istered agent's acceptance: or or ng been named as registered agent und to accept service of process for the above stated limited liability company at the pla nated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a nply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi	Name:	Corporation Service Company	<u>T</u> acceptable)		2019 SEP -5
mply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi	Name:	Corporation Service Company 1201 Hays Street Tallahassee	32301		
	Name: Office Address: stered agent's accep ing been named as re	Corporation Service Company 1201 Hays Street Tallahassee (City) prance: egistered agent and to accept service of proces.	. Florida 22301 (Zip code) ss for the above stated limited liabi		ક્રિ ડ ડ y at the pl

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:
Manager	Name: John Parry	Manager	Name:	
Member	Address: 131 Via Palacio	Member	Address:	
Authorized	Palm Brach Gardeny,	Authorized		
Person	FL 33418	Person		
Other	Other	Other		Other
■Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other_8
☐Manager	Name:	☐ Manager	Name:	Other 2019 SEP
Member	Address:	Member		∴ ा
Authorized	Address.	Authorized	Address.	T ,
Person		Person		<u> </u>
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

Typed or printed name of signer

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GREAT SOUTHERN PACIFIC HOLDINGS LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREAT SOUTHERN PACIFIC HOLDINGS LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

e at coro delaware epy/auti

Authentication: 203410268

Date: 08-14-19