

M190000008996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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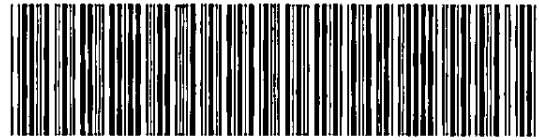
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2019

JUSTIN NOLTE
545 SPENCE RD
CARROLLTON, GA 30117

SUBJECT: SHADE STAR LLC
Ref. Number: W19000074933

We have received your document for SHADE STAR 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):

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.

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: 619A00016695

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

IN COMPLIANCE WITH SECTION 605.062, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Shade Star LLC
(Name of foreign limited liability company; must include "limited liability company," "LLC," "or "LLC")

(Name maximum one alternate name accepted for the purpose of transacting business in Florida. If alternate name must include "limited liability company," "LLC," or "LLC")
2. Georgia 82-1497825
(jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 545 Spence Road 895 SW All American Blvd
(Street address of Principal Office) (Mailing Address)
Carmolton, Georgia 30117 Palm City, Florida 34990

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

Name: James Crawford
Office Address: 895 SW All American Blvd
Palm City, Florida 34990
(City) (Zip code)

2019 SEP 17 PM 4:56

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.

(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 (per § 605.020, F.S.):

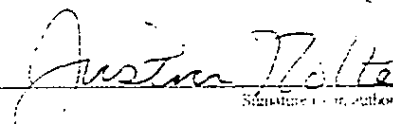
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Justin Nott	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 545 Spence Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Carrollton, Georgia 30117	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: James Crawford	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 895 SW All American Blvd	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Palm City, Florida 34990	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Debra Crawford	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 895 SW All American Blvd	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Palm City, Florida 34990	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2019 SEP 17 PM 4:56

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 605.020(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 § 817.55, F.S.



 Justin Nott

 (typed or printed name, if signed)

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Shade Star LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17625405
Date Inc/Auth/Filed: 03/14/2017
Jurisdiction : Georgia
Print Date : 09/11/2019
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State