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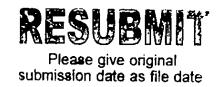
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Division of Corporations



November 7, 2019

CSC

SUBJECT: 1308 GILLILAND, LLC Ref. Number: W19000098341

We have received your document for 1308 GILLILAND, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 219A00023013

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 028037 8120704

AUTHORIZATION : THE COMMENT

COST LIMIT : \$ 125.00

ORDER DATE: October 29, 2019

ORDER TIME : 3:33 PM

ORDER NO. : 028037-005

CUSTOMER NO: 8120704

FOREIGN FILINGS

NAME: 1308 GILLILAND LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1. 1308 Gilliland, LLC	Limited Liability Company; must include "Limite	et Lability Compan	v""I 1 C " or "I I C")			
(Name of Folergi	Connect Date by Company, thus the true Connec	ed Diaolity Compan	y. Edition of the f			
If name unavailable, enter alternate of	name adopted for the purpose of transacting business in Flo	orida. The alternate nam	e must include "Limited Liability Com	pany," "L.L.C," or "LLC	`.")	
Arkansas		2				
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	j	(FEI number, if appl	icable)		
ł	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) nine penalty liability)				
2729 US Hwy 27 S			ock Ridge Cr			
(Street Address of	Principal Office)	6	(Mailing Address)			
Sebring, FL 33870		Texark	ana, AR 71854			
			<u> </u>			
				<u> </u>	2019	
Nama and street addre	ss of Florida registered agent: (P.O. Box	· NOT aggregate	Lav			
Name and street addre	ss of Florida registered agent. (F.O. 1908	c <u>NOT</u> acceptati	iej	# 17 m	1 07	*
	Corporation Service Company				E E	! •
Name:	-			<u> </u>	in Lie	,
Office Address:	1201 Hays Street				မ္	
	Tallahassee		32301	 		
	(City)	•	Florida(Zip code)			
legistered agent's accep	otance:					
laving been named as re resignated in this applica	egistered agent and to accept service of patients. I hereby accept the appointment a	process for the a	ibove s <mark>l</mark> ated limited liabilii nt and agree to act in this	ty company at the	e place er oaree	
comply with the provis	ions of all statutes relative to the proper	and complete p	erformance of my duties,	and I am familia	r with	
чи иссеји те овиданоп	s of my position as registered agent.	,]].	,			
	Corporation Service Company By:	1 1/		Harry B. Da	ivis	

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: John Jackson Name: _ Manager Manager Manager Name: _____ Address: 405 Rock Ridge Cr ■ Member ■ Member Address: Texarkana, AR 71854 Authorized Authorized Person Person Other_ Other____ Other____ Other_ Manager Name: _____ Manager Name: _____ Member Address: ☐ Member Address: _____ Authorized Authorized Person Person Other Other____ Other Other_ Manager Name: Manager | Name: __ Member Address: Member ☐ Authorized Authorized Person Person Other____ Other____ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. /s/ John Jackson Signature of an authorized person John Jackson

Typed or printed name of signee



Arkansas Secretary of State John Thurston

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing
I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

1308 GILLILAND, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office July 20, 2010.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 29th day of October 2019.

zațion Code: dacb91d3956300d ry of State Authorization Code, visit sos.arkansas.gov