

M19 0000011015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

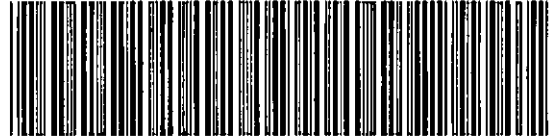
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/04/19--01023--013 **125.00

LENTZ & LITTLE

COUNSELORS

W. Jarrett Little
jarrett@lentzlittle.com

2505 14th Street, Suite 500
Gulfport, Mississippi 39501
(228) 867-6050 telephone

October 30, 2019

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Registration of Foreign Limited Liability Company, Silky Sand, LLC

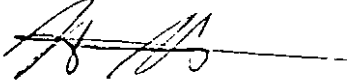
Dear Sir or Ma'am:

Enclosed please find a Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and a Certificate of Good Standing from the Mississippi Secretary of State for Silky Sand, LLC along with my firm's check for the filing fee in the amount of \$125.00. I would very much appreciate you filing the enclosed documents with your office and returning the filed stamped copies to me. Please do not hesitate to contact me with any questions or concerns.

Thank you for your attention to this matter.

Sincerely,

LENTZ & LITTLE, P.A.



W. Jarrett Little

JL/mlg
enclosures

c: Lori Stewart

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silky Sand, 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:

William J. Little, Jr.

Name of Person

Lentz & Little, P.A.

Firm/Company

2505 14th St. Ste. 500

Address

Gulfport, Mississippi 39501

City/State and Zip Code

bill@lentzlittle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Little

228
at ()

867-6050

Name of Contact Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. Silky Sand, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- Silky Sand, 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.L.C.," or "LLC.")
2. Mississippi
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-4452599
(FEI number, if applicable)
4. NA
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 195 East Beach Blvd.
(Street Address of Principal Office)
Ste. 900
Biloxi, Mississippi 39530
6. 195 East Beach Blvd.
(Mailing Address)
Ste. 900
Biloxi, Mississippi 39530

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

/s/ C T Corporation System Scott A White Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Lori Stewart</u> <u>195 East Beach Blvd., Ste. 900</u> <u>Biloxi, MS 39530</u>		

(Use attachments if necessary)

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/ William J. Little, Jr.
Signature of an authorized person

William J. Little, Jr., Attorney for Silky Sand, LLC
Typed or printed name of signee



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

SILKY SAND LLC

Registered the 18th day of April, 2019

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

2505 14th Street Ste 500
Gulfport, MS 39501

And that the registered agent at that address is:

Jarrett Little

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 30th day of October, 2019

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr." is written over a horizontal line.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19073105

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>