

19000011868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

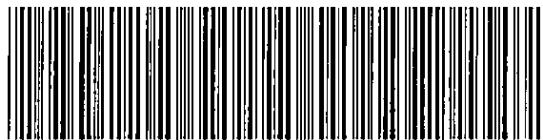
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



700337983427

700337983427
12/13/19--01001--015 **188.75

ج ۶۱

2019 DEC 12 PM 4:50
LAUREN SSEE FLORIDA

Office Use Only

*Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 12/12/2019

“WALK IN”

ENTITY NAME LEVANZO PARTNERS, LLC

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy
Certified Copy
Certificate of Status

2019 DEC 12 PM 4:50

TÄTTA
KUNSADEE. FLÖRIDA

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

*Certified Copy of Arts & Amendments
Certificate of Good Standing*

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125.00

CHECK # 7042

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Levanzo Partners, 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:

Mr. Govan D. White

Name of Person

Levanzo Partners, LLC

Firm/Company

P.O. Box 59109

Address

Nashville, TN 37205

City/State and Zip Code

gwhite@covenantcapgroup.com

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

For further information concerning this matter, please call:

Govan D. White

615

250-1616

True Code

Daytime Telephone Number:

MAILING ADDRESS:

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

STREET ADDRESS:

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$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

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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name: <u>Frederic A. Scarola</u>	<input type="checkbox"/> Manager	Name: <u>Govan D. White</u>
<input type="checkbox"/> Member	Address: <u>P.O. Box 59109</u>	<input type="checkbox"/> Member	Address: <u>P.O. Box 59109</u>
<input type="checkbox"/> Authorized	<u>Nashville, TN 37205</u>	<input type="checkbox"/> Authorized	<u>Nashville, TN 37205</u>
Person _____		Person _____	
<input checked="" type="checkbox"/> Other	<u>Authorized Officer</u>	<input type="checkbox"/> Other	<u>Authorized Officer</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: <u>TAL</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>19 DECEMBER</u>
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
<input type="checkbox"/> Other	<u>Other</u>	<input type="checkbox"/> Other	<u>Other</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: <u>MASSER</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>WHITE</u>
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
<input type="checkbox"/> Other	<u>Other</u>	<input type="checkbox"/> Other	<u>Other</u>

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.817.153, F.S.

to the Department of State constitutes a third degree felony as provided for in s.817.


Signature of an authorized person

Gavan D. White

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEVANZO PARTNERS, 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 ELEVENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEVANZO PARTNERS, LLC" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER A.D. 2019.

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

2019 DEC 2 PM 4:50
TALLAHASSEE, FLORIDA
Jeffrey W. Bullock, Secretary of State

7679895 8300

SR# 20198577494

You may verify this certificate online at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State

Authentication: 204192454

Date: 12-11-19