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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

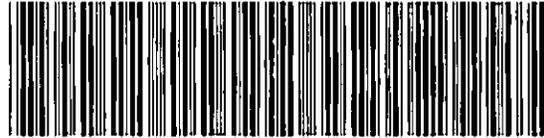
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STATE OF MASSACHUSETTS  
DEPARTMENT OF REVENUE  
TAX ASSISTANCE CENTER

2003 FEB 10 PM 4:36

FILED

FEB 10 2003  
T. LEMIEUX



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. Boykin Ventures 2, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.
(FEI 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. 247 Rexburg Road
(Street Address of Principal Office)
Leland, MS 38756

6. 247 Rexburg Road
(Mailing Address)
Leland, MS 38756

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

Name: James Boykin

Office Address: 13753 Perdido Key Drive, Unit 404

Perdido, Florida 32507
(City) (Zip code)

FILED
MAY 10 10 11 09
STATE OF FLORIDA

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.

James Boykin
(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 [up to six (6) total]:

**Title or Capacity:**  Manager **Name and Address:** Name: James Boykin  
 Member Address: 247 Rexburg Road  
 Authorized Leland, MS 38756  
 Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager **Name and Address:** Name: Deborah Boykin  
 Member Address: 247 Rexburg Road  
 Authorized Leland, MS 38756  
 Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person  
 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  
 James Boykin  
 \_\_\_\_\_  
 Typed or printed name of signee



DELBERT HOSEMANN  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

Boykin Ventures 2, LLC

Business ID: 1198965

The attached 1 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 23rd day of January, 2020.

Given under my hand and seal of office  
the 23rd day of January, 2020

A handwritten signature in black ink, appearing to be "JL Lee", written over a horizontal line.

Jeffrey L. Lee, Assistant Secretary of State

Certificate Number: CN20076334

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

**F0100**  
**Fee: \$ 50**



**Michael Watson**  
SECRETARY OF STATE

**2020022854**

Business ID: 1198965  
Filed: 01/20/2020 11:12 AM  
Michael Watson  
Secretary of State

## Mississippi Limited Liability Company Certificate of Formation

### **Business Information**

**Business Type:** Limited Liability Company  
**Business Name:** Boykin Ventures 2, LLC  
**Business Email:** debbie.boykin21@gmail.com

### **NAICS Code/Nature of Business**

531311 - Residential Property Managers

### **Registered Agent**

**Name:** James Boykin  
**Address:** 247 Rexburg Road  
Leland, MS 38756

### **Signature**

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day *01/20/2020*.

**Name:**  
Joel J Henderson  
*Organizer*

**Address:**  
P. O. Box 778  
Greenville, MS 38702



**Michael Watson**  
SECRETARY OF STATE

I, MICHAEL WATSON, 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:

**BOYKIN VENTURES 2, LLC**

Registered the 20th day of January, 2020

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:

247 Rexburg Road  
Leland, MS 38756

And that the registered agent at that address is:

James Boykin

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 23rd day of January, 2020

*Michael Watson*

Certificate Number: CN20076334

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