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FEB 10 2008

T. LEVIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Boykin Ventures 2, 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:

James Boykin

Name of Person

Firm/Company

247 Rexburg Road

Address

Leland, MS 38756

City/State and Zip Code

debbie.boykin21@gmail.com

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

For further information concerning this matter, please call:

James Boykin

662

820-9014

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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)

6. 247 Rexburg Road
(Mailing Address)

Leland, MS 38756

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)

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)

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MAR 10 10 41 AM '96
STATE OF FLORIDA
TALLAHASSEE

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:

☒ Manager 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: Name and Address:

☒ Manager 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.


James Boykin

Signature of an authorized person

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/corpconv/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

A handwritten signature in cursive script that reads "Michael Watson".

Certificate Number: CN20076334

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