# M20000003636

(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:					

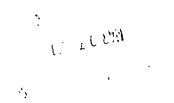
Office Use Only



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93/03/20--01032--012 \*\*160.00

WEST OF SALES



# **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	ECT: Birdhouzz, LLC Name of I	Aba/LUXE 30A; LCC, imited Liability Company				
		pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter to the	following:				
	Mary Michele Batson					
Birdhouzz, LLC dba/LUXE 30A (CC						
#432, 174 Witercolor Way, Suite 103						
Santa Rosa Beach, FL 32459 City/State And Zip Optie						
	michelealux	for future annual report notification)				
For fur	rther information concerning this matter, please call:					
	Michele BUSTN Name of Contact Person	at ( 850 ) 665 - 0222 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: <b>FLORIDA DEPARTMENT OF STATE</b> \$\Begin{array}{c} \$125,00 \text{ Filing Fee} & \Begin{array}{c} \$130.00 \text{ Filing Fee} & \Begin{array}{c} \$\$155.00 \text{ Filing Fee} & \Sigma \$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$						

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

(Name of Foreig	n Limited Liability Company; mus			nv " "I I C " or "I I C "
Davidson (	County TN which foreign limited liability company is organized)	3 81-		(c)
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605 0905, F.S. to de	or to registration.) termine penalty lusbility)		
708 BRYAN	St.	6. 17.4 Wa	tercolore Way	
Old Hickor	5 TN 37138	Surte	103, # 432	
Nama and ctrast addr	ess of Florida registered agent: (P.O. 1	<del> </del>	Losa Beach, F	•
Name:	Mary Michele B	,	200 MA -3 T	' m
Office Address		· · · · · ·	2014.F	
	Inlet Beach	, Flor	(Zip code)	
ignated in this applic omply with the provi	registered agent and to accept service cation, I hereby accept the appointmen isions of all statutes relative to the pro	nt as registered agent an per and complete perfo	nd agree to act in this cap rmance of my duties, and	acity. I further a
accept me obligano	ns ig my position as registered agent.	Uchele Bulso		

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: Mary M. Balson

Manager

Name: Mary M. Balson

Manager

Name: Mary M. Balson

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<b>≥</b> Manager	Name: Mury M. Batson	≥ √lanager	Name: Nach K. Batson
□Member	Address: 708 Bryan St.	□Member	Address: 708 BRyan St.
□Authorized	Old Hickory, TN 37124	□Authorized	Old Hickory, TN 3713
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	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□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.

- <sup>2</sup> 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.

Mary Michele Batson

Typed of grinted name of signer



# **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

### MARY MICHELE BATSON

708 BRYAN ST. 708 BRYAN ST. APO (US)

Request Type: Certificate of Existence/Authorization

Request #:

0352262

Issuance Date: 02/26/2020

Copies Requested:

February 26, 2020

**Document Receipt** 

Receipt #: 005317445

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3776392835

\$20.00

Regarding:

birdhouzz LLC.

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 02/08/2016

Status:

Active

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Control #:

833318

Date Formed:

02/08/2016

Formation Locale: TENNESSEE

Filing Fee:

Inactive Date:

# CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

# birdhouzz LLC.

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Verification #: 038120119

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