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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

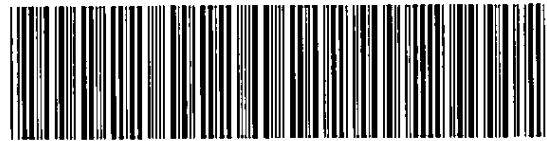
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 MAR -6 PM 30

FILED

MAR 10 2020  
TALLAHASSEE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STONEWALL PROPERTIES, 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:

JEREMY TOWNSEND  
Name of Person

STONEWALL PROPERTIES, LLC  
Firm/Company

3171 STONEWALL DRIVE  
Address

BENTON, AR 72015  
City/State and Zip Code

stonewallproperties14@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

AMANDA TOWNSEND at ( 501 ) 940-7221  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2020

JEREMY TOWNSEND  
3171 STONEWALL DR  
BENTON, AR 72015

SUBJECT: STONEWALL PROPERTIES, LLC  
Ref. Number: W20000018588

We have received your document for STONEWALL PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 320A00003903

*Please find the enclosed Certificate of Good Standing.*

*Mailed on 3-4-2020*

RECEIVED

MAR 09 2020

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. STONEWALL PROPERTIES, 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. STATE OF ARKANSAS  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-5582487  
(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. 3171 STONEWALL DR.  
(Street Address of Principal Office)

6. 3171 STONEWALL DR.  
(Mailing Address)

BENTON, AR 72015

BENTON, AR 72015

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

Name: JEREMY TOWNSEND

Office Address: 9450 S. THOMAS DRIVE UNIT 411

PANAMA CITY BEACH . Florida 32408  
(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.

[Signature]  
(Registered agent's signature)

FILED  
MAR - 6 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

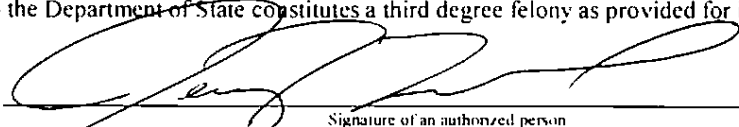
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   |          | <u>Name and Address:</u>       |  | <u>Title or Capacity:</u>                   |          | <u>Name and Address:</u>       |  |
|---|----------|--------------------------------|--|---|----------|--------------------------------|--|
| <input checked="" type="checkbox"/> Manager | Name:    | AMANDA TOWNSEND                |  | <input checked="" type="checkbox"/> Manager | Name:    | JEREMY TOWNSEND                |  |
| <input checked="" type="checkbox"/> Member  | Address: | 3171 STONEWALL DR.             |  | <input type="checkbox"/> Member             | Address: | 3171 STONEWALL DR.             |  |
| <input type="checkbox"/> Authorized         |          | BENTON, AR 72015               |  | <input type="checkbox"/> Authorized         |          | BENTON, AR 72015               |  |
| Person                                      |          |                                |  | Person                                      |          |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  |
| <input type="checkbox"/> Manager            | Name:    |                                |  | <input type="checkbox"/> Manager            | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: |                                |  | <input type="checkbox"/> Member             | Address: |                                |  |
| <input type="checkbox"/> Authorized         |          |                                |  | <input type="checkbox"/> Authorized         |          |                                |  |
| Person                                      |          |                                |  | Person                                      |          |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  |
| <input type="checkbox"/> Manager            | Name:    |                                |  | <input type="checkbox"/> Manager            | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: |                                |  | <input type="checkbox"/> Member             | Address: |                                |  |
| <input type="checkbox"/> Authorized         |          |                                |  | <input type="checkbox"/> Authorized         |          |                                |  |
| Person                                      |          |                                |  | Person                                      |          |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other              |          | <input type="checkbox"/> 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

Jeremy TOWNSEND  
Typed or printed name of signer



**Arkansas Secretary of State  
John Thurston**

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State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

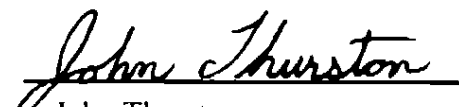
**STONEWALL PROPERTIES, LLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office November 14, 2013.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 3rd day of March 2020.

  
**John Thurston**  
Secretary of State  
Online Certificate Authorization Code: 6f307105a55372c  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)