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| O: Registration Section Division of Corporations | E Start Barrier Barren |
| Rosemary, LLC. UBJECT: | DBA - Rosemary II, 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:

| J. Palmer Clarkson | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------|
| | Name of Person |
| Rosemary, LLC. DP3内。 | - ROSEMARY #, U.C. |
| | Firm/Company |
| 84 Industrial Loop N. | |
| | Address |
| Orange Park, FL 32073 | |
| C | Tity/State and Zip Code |
| acolon@orangeparkmachine.com | - 20 - 10 |
| E-mail address: (to be | e used for future annual report notification) |
| her information concerning this matter, please ca | 904- 382-5264 |
| Arleene Colon | 904- 382-5264 |
| Name of Contact Person | Area Code Daytime Telephone Number co |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amount: | A DTMPNT OF CTATE |
| Please make check payable to: FLORIDA DEP S125.00 Filing Fee S130.00 Filing Fe | |

Certified Copy

of Status & Certified Copy

Certificate of Status

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:

| Rosemary, LLC. | Limited Liability Company; must include "Limit | a Liability Compa | 1×""][[]"or"][[]" |) | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|--------------------------------------|--|
| Rosemary II, LLC. | | | | | |
| lt'name unavailable, enter alternate i | name adopted for the purpose of transacting business in I | lorida. The alternate r | ame must include "Limited | Liability Company," "L.L.C," or "LLC | |
| Georgia | | 32-00 3. | | | |
| 2 (Jurisdiction under the law of which foreign limited liability company is organized) | | | (FEI number, if applicable) | | |
| N/A | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration,) tine penaity hability) | | | |
| 84 Industrial Loop N. | | 84 Ind | ustrial Loop N. | | |
| areet Address of Principal Office) | | (N | aling Address) | | |
| Orange Park, FL 32073 | 3 | Orange | Park, FL 32073 | | |
| | | | | 20 | |
| . Name and street addres | ss of Florida registered agent; (P.O. Boy | NOT acceptal | ole) | EW 26 | |
| Name: | John Palmer Clarkson | | | して AN 8 5 | |
| Office Address: | 4997 Morven Road | | | т. О | |
| | Jacksonville | | 32210 . Florida | | |
| | (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.

| MHA | |
|------------------------------------|--|
| (Registered agent's signature) | |

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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> | Name and Address: | Title or Capacity: | Name and Address: |
|---------------------------|------------------------------|--------------------|--------------------------------|
| Manager | John Palmer Clarkson Name: | □Manager | Name: Elizabeth Z. Clarkson |
| □Member | Address: 4997 Morven Road | ■ Member | 4997 Morven Road |
| □Authorized | Jacksonville, FL 32210 | Authorized | Jacksonville, FL 32210 |
| Person | | Person | |
| Other | Other | □Other | Other |
| | | | |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| Authorized | <u>_</u> | □Authorized | |
| Person | | Person | |
| Other | Other | Other | • Other :: |
| | | | 2 . 2 □ No. 0 |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| Authorized | | □Authorized | <u> </u> |
| 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.

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.

| _ hute | 7 | |
|--------------------|-----------------------------------|--|
| J. Jalmer Clarkson | Signature of an authorized person | |

Evocd or printed name of sumee

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ROSEMARY, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number: 19147621Date Inc/Auth/Filed:06/11/2003Jurisdiction: GeorgiaPrint Date: 05/19/2020Form Number: 211



Brad Rafforsperg

Brad Raffensperger Secretary of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2020

J. PALMER CLARKSON ROSEMARY, LLC 84 INDUSTRIAL LOOP N ORANGE PARK, FL 32073 US

SUBJECT: ROSEMARY II, LLC Ref. Number: W20000046291

We have received your document for ROSEMARY II, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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

Laura D Chang Regulatory Specialist II

Letter Number: 420A00009598

5/22/20 Received Cert