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Special Instructions to Filing Officer:  
  
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TALLAHASSEE, FLORIDA

10/19/20





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2020

CARLY NEWMAN  
830 LUCERNE TERRACE  
ORLANDO, FL 32801

SUBJECT: KRISTOPHER HOMEBUILDERS LLC  
Ref. Number: W20000116742

We have received your document for KRISTOPHER HOMEBUILDERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Yvette Scott  
Document Specialist II

Letter Number: 520A00019938

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Christopher Homebuilders 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:

Carly Newman  
Name of Person  
Hayes & Newman, P.L.  
Firm/Company  
830 Lucerne Terrace  
Address  
Orlando, FL 32801  
City/State and Zip Code  
cnewman@const-law.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

Carly Newman at (407) 921-0913  
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     \$150.00 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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN (LIMITED LIABILITY) COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Christopher Homebuilder, LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company", "LLC" or "L.L.C.")

If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company", "LLC" or "L.L.C."

2. South Carolina  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3742943  
(FTI number, if applicable)

4. N/A  
(Has the filer first transacted business in Florida (if prior to registration)? (See sections 605.004 & 605.005, F.S. to determine penalty liability.)

5. 3598 HIGHWAY 11 STE 114  
(Street Address of Principal Office)

6. (Mailing Address)

TRAVELERS REST, SC 29690

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TALLAHASSEE, FLORIDA

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

Name: Hays & Newman, PL

Office Address: 830 Lucerne Terrace

Orlando, Florida 32801  
(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)

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):

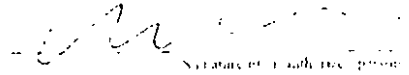
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Andrew Hamblen	<input checked="" type="checkbox"/> Manager	Name: Christopher Hamblen
<input type="checkbox"/> Member	Address: 551 Fairview Dr.	<input type="checkbox"/> Member	Address: 555 Fairview Dr.
<input type="checkbox"/> Authorized Person	Greenville, SC 29609	<input type="checkbox"/> Authorized Person	Greenville, SC 29609
<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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**Important Notice:** Use an attachment to report more than six (6). The attachment will be indexed 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.

  
 Andrew C. Hamblen  
 Secretary of State

# The State of South Carolina



Office of Secretary of State Mark Hammond

## Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that

Kristopher Homebuilders LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 19th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 31st day  
of August, 2020.

  
Mark Hammond, Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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