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SECRETARY OF STATE



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SUBJECT: _	OCK & KEYS PRO	PERTIE:	S LLC								
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	Application by Fore check are submitted										
Please return al	II correspondence co	ncerning	this matte	r to the follo	owing:						
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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:

yang manadahla antar akarnata	name adopted for the purpose of transacting business in Flo	ride. The elternate of	name must include "Limited Liability Compa	nv ""I 1 C " ar "	
	and adopted for the purpose of transacting obstites in the			ary, 12.15.C. O	
TENNESSEE		3. <u>~</u>	827738 		_
(Jurisdiction under the law of w	hich foreign linuted liability company is organized)		(FEI number, if applica	able)	
		····		20;	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration) ine penalty liability)	ا بسا کام کا	70.	
10908 WHITTNEY C			8 WHITTNEY CHASE DR	2	
(Street Address of	Principal Office)	0	(Mailing Address)	<u>≥ 0</u>	
RIVERVIEW, FLORI	DA 33579	RIVE	က် RVIEW, FLORIDA 33579 မျ	유	
				3: 44 STATE	
			<u>, </u>	语与	
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box		able)		
		ES INC.	able) - -		
Name:	LEGALINC CORPORATE SERVICE	ES INC. ITE 400	- 21007		
Name:	LEGALINC CORPORATE SERVICE 5237 SUMMERLIN COMMONS, SU	ES INC. ITE 400	-		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: ___ Name: _____ Manager ■ Manager Member | Address: ______ ■ Member Address: ____ 10908 Whittney Chase Dr Authorized Authorized RIVERVIEW, FLORIDA 33579 Person Person Other____ Other_____ Other Other___ Manager Manager Name: ___ Manager Member Member Address: Authorized Authorized Person Person __Other____ Other_ Other__ Name: _____ Manager Name: _ Manager Address: _____ ☐ Member 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. Nonindexed 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. icely William CICELY WILLIAM

Typed or printed name of signee



Division of Business Services Department of State

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

LOVETTE DOBSON

Receipt #: 005956087

17350 STATE HWY 249 STE 220 HOUSTON, TX 77064

January 4, 2021

Request Type: Certificate of Existence/Authorization

Issuance Date: 01/04/2021

Copies Requested:

Request #:

0396338

Document Receipt

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3795898538

\$20.00

Regarding:

LOCK & KEYS PROPERTIES LLC

Filing Type:

Limited Liability Company - Domestic

Control #: Date Formed:

Formation/Qualification Date: 04/24/2020 Status:

Active

Perpetual

Duration Term:

Formation Locale

Business County:

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

LOCK & KEYS PROPERTIES 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 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

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