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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emperia 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:

Thomas H Dougherty

Name of Person

Thomas H Dougherty PA

Firm/Company

PO Box 30056

Address

Palm Beach Gardens, Florida 33420

City, State and Zip Code

thdlaw@bellouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Dougherty

561

842-9707

at (_____) _____

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

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. Emporia 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. North Carolina 3. 56-2021875
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 2020
(Date first transacted business in Florida, if prior to registration -
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 725 Cool Springs Blvd., Suite 600 6. same
(Street Address of Principal Office) (Mailing Address)

Franklin, TN 37067-2702

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

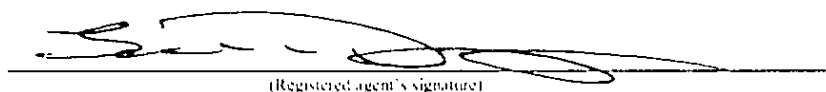
Name: Thomas H Dougherty

Office Address: 712 US Hwy One - Suite 210-5

North Palm Beach 33408
(City) , Florida (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.


(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]:

Title or Capacity: Name and Address:
☐ Manager Name: George Shinn Trustee for George
☒ Member Address: 725 Cool Springs Blvd Suite #6
☐ Authorized Franklin TN 37067
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Thomas H Dougherty
☐ Member Address: 712 US Hwy One - Suite 210-5
☒ Authorized North Palm Beach, FL 33408
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: George Shinn
☐ Member Address: 725 Cool Springs Blvd #600
☐ Authorized Franklin, TN 37067
 Person _____
☐ Other _____ ☐ Other _____

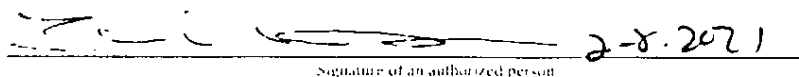
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ 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.

 2-8-2021
 Signature of an authorized person

Thomas H Dougherty

Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

EMPORIA LLC

is a created, organized and existing under the laws of the State of North Carolina, having been incorporated on the 31st day of March, 1997, and that the registered agent and office address is:

**CT CORPORATION SYSTEM
160 MINE LAKE CT STE 200**

RALEIGH, NC 27615-6417

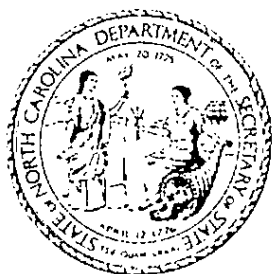
I FURTHER certify that the said corporation has not filed articles of dissolution and continues to be in existence in this State as of the date of this certificate.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of February, 2021.

Elaine F. Marshall

Secretary of State



Scan to verify online.