

M21000002028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

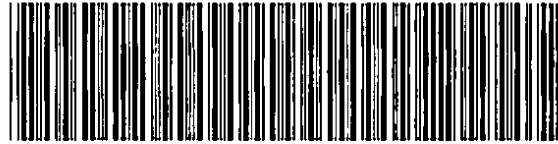
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REC-13-1-1017

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2/20/21

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 865(002), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

Wexford Parkway, LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

Wexford Pkwy, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

South Carolina

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

86-1940420

3. _____
(FEI number, if applicable)

N/A

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 803 (803.4 & 803.902), F.S. to determine penalty liability)

32 Castlebridge Lane

5. _____
(Street Address of Principal Office)

32 Castlebridge Lane

6. _____
(Mailing Address)

Hilton Head Island, South Carolina

Hilton Head Island, South Carolina

29928-3363

29928-3363

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

Name: **Diana G. Marcum**

Office Address: **2228 E. Hampshire Street**

Inverness Florida

(City)

Florida

34453

(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.

Diana G. Marcum

(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: Sharon Dudlettes Church	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 32 Castlebridge Lane	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Hilton Head Island,	<input type="checkbox"/> Authorized	_____
Person	South Carolina 29928-3363	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: Frank Leighs Church	<input type="checkbox"/> Manager	_____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	_____
<input type="checkbox"/> Authorized	32 Castlebridge Lane	<input type="checkbox"/> Authorized	_____
Person	Hilton Head Island, South Carolina	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	_____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	_____
<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

Frank Leighs Church

Typed or printed name of signer

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:

Wexford Parkway, LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 29th, 2021, 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 29th day
of January, 2021.


Mark Hammond, Secretary of State