

6/8/2021

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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CLERK OF COURT
JULIA H. GUSTAFSON

Foreign Limited Liability Company
BLOSSMAN REAL ESTATE HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BLOSSMAN REAL ESTATE HOLDINGS LLC

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

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 "L.L.C."

Mississippi

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

3. (EIN number, if applicable)

n/a

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 602.0904 & 602.0902, F.S., to determine penalty liability)

809 Washington Ave.

5. (Street Address of Principal Office)

6. (Mailing Address)

Ocean Springs, MS 39564

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: Denise Bell, Assistant Secretary
(Registered agent's signature)

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HALL COUNTY, FLORIDA

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CALLAHAN ASSOCIATES, LLC
JUN 10 2021

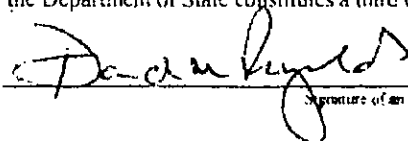
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>David M. Reynolds</u>	<input type="checkbox"/> Manager	Name: <u>Stuart E. Weidie</u>
<input checked="" type="checkbox"/> Member	Address: <u>3628 Perryman Rd.</u>	<input checked="" type="checkbox"/> Member	Address: <u>20 Country Club Trail</u>
<input checked="" type="checkbox"/> Authorized	<u>Ocean Springs, MS 39564</u>	<input type="checkbox"/> Authorized	<u>Asheville, NC 28904</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Al Allen</u>	 <input type="checkbox"/> Manager	Name: <u>H. Dexter Stanley</u>
<input checked="" type="checkbox"/> Member	Address: <u>4026 Dunsinane St.</u>	<input checked="" type="checkbox"/> Member	Address: <u>1002 Cumberland Valley Rd.</u>
<input type="checkbox"/> Authorized	<u>Ocean Springs, MS 39564</u>	<input type="checkbox"/> Authorized	<u>Gainesville, GA 30501</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Jerdon Welborn</u>	 <input type="checkbox"/> Manager	Name: <u>Gary McDaniel</u>
<input checked="" type="checkbox"/> Member	Address: <u>201 Reeves Rd.</u>	<input checked="" type="checkbox"/> Member	Address: <u>27104 Highway 48</u>
<input type="checkbox"/> Authorized	<u>Laurel, MS 39440</u>	<input type="checkbox"/> Authorized	<u>Woodland, AL 38260</u>
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

David M. Reynolds

Typed or printed name of signer



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

BLOSSMAN REAL ESTATE HOLDINGS LLC

Registered the 2nd day of April, 1996

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

645 LAKE LAND EAST DRIVE, Suite 101
FLOWOOD, MS 39232

And that the registered agent at that address is:

C T CORPORATION SYSTEM

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 1st day of June, 2021

Michael Watson

Certificate Number: CN21112244

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

2021 JUN -8 PM 4:12
TALLAHASSEE, FLORIDA

FILE