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AUG 17 2021

M. SOLOMON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** College Concepts, 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:

John Murphree

\_\_\_\_\_  
Name of Person

College Concepts, LLC

\_\_\_\_\_  
Firm/Company

PO Box 338, 798 Market Street

\_\_\_\_\_  
Address

Dayton, TN 37321

\_\_\_\_\_  
City/State and Zip Code

jmurphree@robinsonmfg.com

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

For further information concerning this matter, please call:

John Murphree

423

775-8307

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. College Concepts, 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.")

Tennessee

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

62-1711754

3. (FEI number, if applicable)

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

3350 Riverwood Parkway

5. (Street Address of Principal Office)

PO Box 338

6. (Mailing Address)

Suite 850, 8th Floor

Atlanta, GA 30339

Dayton, TN 37321

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

Name: Johannah Lambert

Office Address: 11 Formosa Avenue

Tampa, Florida 33606  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.

Johannah Lambert  
(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:	John Staton		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	3350 Riverwood Parkway SE		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite 850, 8th Floor		<input type="checkbox"/> Authorized			
Person		Atlanta, GA 30339		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Debbie Dickerson		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	3350 Riverwood Parkway SE		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite 850, 8th Floor		<input type="checkbox"/> Authorized			
Person		Atlanta, GA 30339		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	John Murphree		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	798 Market Street		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		PO Box 338		<input type="checkbox"/> Authorized			
Person		Dayton, TN 37321		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

John Murphree  
\_\_\_\_\_  
Typed or printed name of signee



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

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

**JOHN MURPHREE**  
PO BOX 338  
798 MARKET STREET  
DAYTON, TN 37321

August 13, 2021

**Request Type: Certificate of Existence/Authorization**  
Request #: 0431231

Issuance Date: 08/13/2021  
Copies Requested: 1

**Document Receipt**

Receipt #: 006562936 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3812290247 \$20.00

**Regarding: COLLEGE CONCEPTS, LLC**

Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 09/17/1997  
Status: Active  
Duration Term: Perpetual  
Business County:

Control #: 337631  
Date Formed: 09/17/1997  
Formation Locale: TENNESSEE  
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

**COLLEGE CONCEPTS, 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 filed the most recent annual report required with this office;
- \* 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.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

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