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#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	Fleming Properties, LLC					
SC SC E	Name of Limited Liability Company					
The encl Existence	losed "Application by Foreign Limited Liability Company for Authorization to Transact Busines ce, and check are submitted to register the above referenced foreign limited liability company to	s in Florida," Certificate of transact business in Florida				
Please re	eturn all correspondence concerning this matter to the following:					
	Jeffrey M. Folkman					
	Name of Person					
	Hahn Loeser & Parks LLP					
	Firm/Company 5811 Pelican Bay Blvd., Suite 650					
Addason						
Address Naples, Florida 34108						
	<del></del>					
	City/State and Zip Code jmfolkman@hahnlaw.com					
	E-mail address: (to be used for future annual report notification)	<del></del>				
For furth	her information concerning this matter, please call:					
	Jeffrey M. Folkman at (239) 254-2950  Name of Contact Person Area Code Daytime Telephon					
	Name of Contact Person Area Code Daytime Telephon	e Number				
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	· · · · · · · · · · · · · · · · · · ·	Filing Fee, Certificate Status & Certified Copy				

COMPAN TOTRANSACTRUSINISMINTAL STATEOFFI ORIDA

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

IN COMPLEASE WITH SECTION (08/09/2) FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN AMILTY I HABILITY

Fleming Properties, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," J. L.C., or "LLC") if were a avoidable, orner entertails name adepted for the purpose of transacting business or Florida. The a termale name must medical furnised furnises for some of 1.1.5% or 2014 (1) Colorado charmly term under the law of which foreign aimsed hability company is organized: June 27, 2010 <sub>b.</sub> \_P.O. Box 548 1630 N Ocean Blvd., Apt 314 some Midescot Principal Pilice) Pompano Beach, Florida 33062 Pompano Beach, Florida 33061 Name and street address of Horida registered agent; (P.O. Box. NOT acceptable) HL Statutory Agent, Inc. Same 5811 Pelican Bay Blvd., Suite 650 Office Address Naples

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 sistion as registered agent.

HE Statutory Agent, Inc.

J. Followan , Jeffrey M. Folkman, Vice President

(Registered agent + signature

20 1410:55

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: Title or Capacity: Name and Address: Name: John Chris Fleming □Manager □Manager Name: \_\_\_\_\_\_ Address: P. O. Box 548 **M**ember □ Member Address: Pompano Beach, Florida 33061 ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ Other\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_\_ □Member Address: \_\_\_\_ □ Member Address: ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ □ Manager Name: Name: □Manager □Member Address: □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 \$.817.155, F.S. John Chris Fleming Signature of an authorized person

Typed or printed name of signee

John Chris Fleming

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Auth	orized Person
of Fleming Properties, LLC	
(Name of Limited Liability Company)	·
a limited liability company duly organized and existing ur	nder the laws of
Colorado	
(State or Country of Organization)	
Because the name of this foreign limited liability company	y does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability	company hereby adopts the
following name to transact business in the state of Florida	•
FPSE, LLC	
(Name to be used by limited liability company in Florida. NOTE: Name mus Company, L.L.C., or LLC.)	st contain Limited Liability
DocuSegned by:	
John Chris Fleming	9/15/2021
Signature Authorized Person	Date

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Fleming Properties, LLC

is a

#### Limited Liability Company

formed or registered on 12/02/2005 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20051444170.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/14/2021 that have been posted, and by documents delivered to this office electronically through 09/15/2021 @ 09:54:46.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/15/2021 @ 09:54:46 in accordance with applicable law. This certificate is assigned Confirmation Number 13440663



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*End of Certificate \*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us biz-Certificate/SearchCriteria.do/entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."