

M21000013609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec'd
10-15-21

Office Use Only



800373049558

09/16/21--01010--017 **160.00

10/14/21--01018--012 **777.50

2021 OCT 15 AM 3:57
RECEIVED
CLERK OF SUPERIOR COURT

11:40

OCT 15 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: John & Stephanie Ingram 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:

Carla Baker
Name of Person

John & Stephanie Ingram LLC
Firm/Company

PO Box 50058
Address

Nashville, TN 37205
City/State and Zip Code

carla@stephaniejohningram.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla D. Baker at (615) 516-2193
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

2021 OCT 15 PM 3:57

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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. John & Stephanie Ingram LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Tennessee 3. 87-1954348
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/18/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4400 Harding Road, Nashville, TN 37205 6. PO Box 50058, Nashville, TN 37205
(Street Address of Principal Office) (Mailing Address)

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

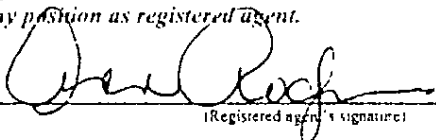
Name: Ann Rodgerson

Office Address: 1444-B Skees Road

West Palm Beach 33411
(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)

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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]:

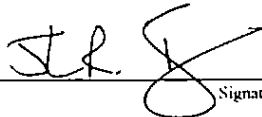
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>John R. Ingram</u>	<input type="checkbox"/> Manager	Name: <u>Carla D. Baker</u>
<input checked="" type="checkbox"/> Member	Address: <u>4400 Harding Road</u>	<input type="checkbox"/> Member	Address: <u>PO Box 50058</u>
<input type="checkbox"/> Authorized	<u>Nashville, TN 37205</u>	<input checked="" type="checkbox"/> Authorized	<u>Nashville, TN 37205</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>Eleanor McDonald</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4400 Harding Road</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Nashville, TN 37205</u>	<input type="checkbox"/> Authorized	_____
Person	_____	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	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<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 _____

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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 R. Ingram

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

STATE FILINGS

September 29, 2021

STATE FILINGS

801 US HIGHWAY 1

NORTH PALM BEACH, FL 33408

Request Type: Certificate of Existence/Authorization

Issuance Date: 09/29/2021

Request #: 0438415

Copies Requested: 1

Document Receipt

Receipt #: 006650031

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3814975389

\$20.00

Regarding: John & Stephanie Ingram LLC

Filing Type: Limited Liability Company - Domestic

Control #: 614372

Formation/Qualification Date: 09/30/2009

Date Formed: 09/30/2009

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

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

John & Stephanie Ingram 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

Verification #: 048953238



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2021

CARLA BAKER
JOHN & STEPHANIE INGRAM LLC
PO BOX 50058
NASHVILLE, TN 37205

SUBJECT: JOHN & STEPHANIE INGRAM LLC
Ref. Number: W21000126392

We have received your document for JOHN & STEPHANIE INGRAM LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

A business entity may not serve as its own registered agent. Please designate an
individual or another business entity with an active registration or filing with this
office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 321A00025107

*Rec'd
10-15-21*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2021

CARLA BAKER
JOHN & STEPHANIE INGRAM LLC
PO BOX 50058
NASHVILLE, TN 37205

SUBJECT: JOHN & STEPHANIE INGRAM LLC
Ref. Number: W21000126392

We have received your document for JOHN & STEPHANIE INGRAM LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 121A00022678

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OCT 12 2021