# 11200000176

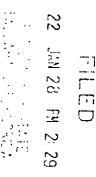
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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T. LEMIEUX FEB 1 1 2022

## COVER LETTER

TO:

	egistration Section vision of Corporations	ı				
SUBJECT	Elite Comm	unications LLC				
5000201		Name of Limit	ted Liability	Company		
					Business in Florida," Certificate of pany to transact business in Florida.	
Please retur	m all correspondence co	oncerning this matter to the follo	wing:			
	Corey E	3ray				
		Name	of Person			
	LegalNa	ature LLC		.=		
Firm/Company						
8 The Green Suite 4336						
		Ad	dress			
	Dover, I	DE 19901				
		City/State a	and Zip Code	;		
	don.elite	commtn@gma	ail.com	1		
		E-mail address: (to be used for	future annua	l report notificati	ion)	
For further	information concerning	this matter, please call:				
Corey Bray		at	,888	, 881-11	39 Telephone Number	
	Name of	Contact Person	Area Code	Daytime 1	Telephone Number	
Di Re P.	vision of Corporations ogistration Section O. Box 6327 allahassee, FL 32314			STREET ADI Division of Cor Registration Se Clifton Buildin 2661 Executive Tallahassee, FI	rporations extion ig e Center Circle	
	closed is a check for the case make check payable	e following amount: e to: FLORIDA DEPARTME	NT OF STA	те		
_	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ied Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

TN LLC transacting business in Florida. The alternate	name must include "Launted Usability"	"ompans," "ELC for LEC >	
	(EE I manifer, it a	athir appe)	
oness in Florida, if prior to registration ( © 605-0905, F.S. to determine penalty hability	**	-	
6. 29	6. 2989 Hwy 411		
<u>M</u>	Madisonville		
TI	N 37354	22	
d agent: (P.O. Box NOT accep	nable)	Jan 28	
ed Agents Inc.		平 2	
7901 4th St N STE 300			
sburg	Florida 33702		
(City)	(Zip code)	_	
	3	Madisonville  TN 37354  diagent: (P.O. Box NOT acceptable)  St N STE 300	

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) totall: **Fitle or Capacity:** Name and Address: Title or Capacity: Name and Address: Name: Don D. Hatcher Manager Manager Name: \_\_\_ 2989 Hwy 411 **✓** Member Member Address: \_\_\_\_\_ Madisonville, TN 37354 Authorized ☐ Authorized Person Person Other Other\_\_\_\_\_ Other\_ Other\_\_\_\_ Name: Jimmy D. Noles Manager Manager Manager Name: \_\_\_\_\_ Address: 8237 Patterson Rd Member Member Address: Chattanooga, TN 37421 Authorized Authorized Person Person Other\_ Other Other Other Manager Manager Name: 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 s.817.155, F.S.

Typed or printed name of signee

Don D. Hatcher



Secretary of State

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

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

LEGALNATURE LLC 8 THE GREEN SUITE 4336 **DOVER, DE 19901** 

January 17, 2022

Request Type: Certificate of Existence/Authorization

Request #:

0455063

Issuance Date: 01/17/2022

Copies Requested:

Document Receipt

Receipt #: 006826541

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3821854824

\$20.00

Regarding:

Elite Communications LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 10/11/2019

Status:

Active

Duration Term:

Business County: MONROE COUNTY

Perpetual

Control #:

1056401

Date Formed:

10/11/2019

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

### Elite Communications 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.

Secretary of State

Processed By: Cert Web User

Verification #: 051104618