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COVER LETTER

SURIFCT	Southeast Asset Advisors, LLC					
JOBJECT.	Name of Limited Liability Company					
The enclosed Existence, an	"Application by Foreign Limited Liability (and check are submitted to register the above)	Company for Authorization referenced foreign limited	on to Transact Business in Florida," Certificate I liability company to transact business in Flor			
lease return	all correspondence concerning this matter to	the following:				
	Mark C. Saussy					
	Name of Person					
	Southeast Asset Advisors, LLC					
	Firm/Company					
	314 Gordon Ave					
		Address				
	Thomasville, Ga 31792					
	C	ity/State and Zip Code				
	fjmercer@laniganepa.com					
	E-mail address: (to be	used for future annual re	port notification)			
or further in	formation concerning this matter, please cal	1:				
Frank J. Mercer		850 at ()	893-8418			
	Name of Contact Person	Area Code	Daytime Telephone Number			
Mai	iling Address:	Street Address:				
Registration Section		_	Registration Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEP 5125.00 Filing Fee Certificate of	& 📉 \$155.00 Filing	g Fee & 🔲 \$160.00 Filing Fee, Certificate			

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:

	Limited Liability Company; must include "Limited	Liability (Company ""[C "or"[.[.C."]		
(Name of Poteign	Enimited Elabitity Company, must include Emines	Liuonky	,		
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The al	ernate name must include "Limited Liability Company," "L L C," or "LLC		
Delaware			58-1961109		
(Jurisdiction under the law of which foreign limited liability company is organized)		٥	(FEI number, if applicable)		
8/26/2019					
	(Date first transacted business in Florida, if prior to t (See sections 605 0904 & 605,0905, F.S. to determine	registration.) ne penalty li	ability)		
314 Gordon Ave		_	314 Gordon Ave		
ircel Address of Principal Office)		0	6. (Mailing Address)		
Thomasville, Ga 31792		Thomasville, Ga 31792			
		_			
		_			
Mama and atreat address	e of Florida registered agent: (P.O. Box	NOT ac	centable)		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT ac	cceptable)		
	Frank J Mercer	NOT ac	cceptable)		
Name and <u>street addres</u> Name:		NOT ac	cceptable)		
	Frank J Mercer 2630 Centennial Place		cceptable)		
Name:	Frank J Mercer		32308 , Florida		

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.

rejucted agent's vignature)

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:
■Manager	Name: Bernard Lanigan Jr	□Manager	Name: Frank J Mercer
□Member	Address:	□Member	Address: 2630 Centennial Place
□Authorized	Thomasville, Ga 31792	■Authorized	Tallahassee , Fl 32308
Person		Person	
Other	□Other	[]Other	Other
≣Manager	Name: C Bradford Jackson	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	Thomasville, Ga 31792	□Authorized	
Person		Person	
Other	Other	Other	Other
≣Manager	Name: Mark C Saussy	□Manager	Name:
□Member	Address: 314 Gordon Avc	□Member	Address:
□Authorized	Thomsaville, Ga 31792	□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. 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.

Frank J Mercer

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOUTHEAST ASSET ADVISORS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHEAST ASSET ADVISORS, LLC" WAS FORMED ON THE FIRST DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202529811

Date: 01-31-22

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