

M22000009726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

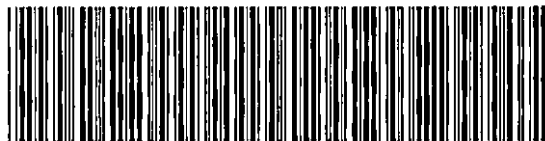
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800381984148

FILED

2022 JUN 21 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2022 JUN 21 PM 2:52  
TALLAHASSEE, FLORIDA

K. SALY

JUN 22 2022

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO:** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM:** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 6/21/2022

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1049534

**ORDER ENTITY**

PREMIER PROPERTY MANAGEMENT COMPANY FL, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**PREMIER PROPERTY MANAGEMENT COMPANY FL, LLC ( FL)**

File the attached foreign qualification document

**NOTES:**

\$125.00 Authorized

Email address for annual report reminders: ojubran@sagknox.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. Premier Property Management Company, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Premier Property Management Company FL, 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.")

2. Tennessee 88-2798248  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 6480 Kingston Pike 6480 Kingston Pike  
(Street Address of Principal Office) (Mailing Address)  
Knoxville, Tennessee 37919 Knoxville, Tennessee 37919

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(City) (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.

  
Kathy Shin on behalf of InCorp Services, Inc.  
(Registered agent's signature)

FILED  
2002 JUN 21 PM 1:04  
STATE OF FLORIDA  
TALLAHASSEE

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]:

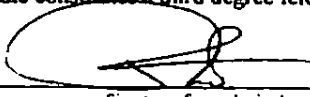
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Raja Jubran	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 6480 Kingston Pike	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Knoxville, Tennessee 37919	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other President	<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 _____
<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 _____

FILED  
2022 JUN 21 PM 1:04  
TALLAHASSEE FLORIDA  
SECRET

**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

Raja J. Jubran, President

\_\_\_\_\_  
Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**FILED**

2022 JUN 21 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Division of Business Services**

**Department of State**

State of Tennessee

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

**BROCK SHIPE KLENK PLC**  
SUITE 604  
265 BROOKVIEW CENTRE WAY  
KNOXVILLE, TN 37919

June 17, 2022

**Request Type: Certificate of Existence/Authorization**  
Request #: 0481075

Issuance Date: 06/17/2022  
Copies Requested: 1

**Document Receipt**

Receipt #: 007313906

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3831126389

\$20.00

**Regarding: Premier Property Management Company, LLC**

Filing Type: Limited Liability Company - Domestic

Control #: 1314789

Formation/Qualification Date: 05/12/2022

Date Formed: 05/12/2022

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: KNOX 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

**Premier Property Management Company, 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 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 #: 054359934